# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 02, 2001 8:00 am**
**Secretary of State**
05-02-2001 90081 020 ****61.25

DOCUMENT # N95000004656

1. Entity Name

MAIN STREET WAUCHULA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 411 W ORANGE ST<br>WAUCHULA FL 33873<br>US | P.O. BOX 1162<br>WAUCHULA FL 33873<br>US |

000444

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0625907 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BURTON, JOHN W. H ESQ.<br>501 W. MAIN STREET<br>WAUCHULA FL 33873 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| **FILE NOW: FEE IS $61.25** | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make Check Payable to Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S/D<br>GOSSMAN, GARY<br>8624 CR 17TH SOUTH<br>SEBRING FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S/D<br>Bolin, Millie C<br>525 Barsby Rd<br>Wauchula, FL 33873 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CREWS, JERALDINE<br>GRIFFEN ROAD<br>WAUCHULA FL 33873 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP/D<br>BAXTER, TRACY T<br>703 HONOLULU DR<br>WAUCHULA FL 33873 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>ROBERTS, GARY R JR<br>3312 DUFFER RD<br>SEBRING FL 33872 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/D<br>CARLTON, DEBBIE<br>2587 W MAIN ST<br>WAUCHULA FL 33873 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JONES, MARY<br>568 POPASH RD<br>WAUCHULA FL 33873 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Tracy Tyre Baxter SIGNATURE REQUIRED 4/25/01 8637732955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #