

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750752

1. Entity Name

POLK COUNTY YOUTH FAIR, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90159 035 ****61.25

Principal Place of Business
1702 US HIGHWAY 17 SOUTH
BARTOW FL 33830

Mailing Address
P O BOX 9005 DRAWER H503
BARTOW FL 33831-9005
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1657268

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HUNT, KATHLEEN C.
715 LYLE PKWY
BARTOW FL 33830

Name

Street Address (P.O. Box Number is Not Acceptable)

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	D	<input type="checkbox"/> Delete
NAME	WETHERINGTON, KENNETH	
STREET ADDRESS	1790 HIGHLANDS BLVD.	
CITY-ST-ZIP	BARTOW FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BIRGE, DOROTHY R	
STREET ADDRESS	160 W HOOKER ST	
CITY-ST-ZIP	BARTOW FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SUMMERLIN, FREDDIE	
STREET ADDRESS	PO BOX 97/NA	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CROWELL, TOMMY	
STREET ADDRESS	5233 LAKE BUFFUM ROAD	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HUNT, KATHLEEN C	
STREET ADDRESS	715 LYLE PARKWAY	
CITY-ST-ZIP	BARTOW FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRUBBS, CANDY	
STREET ADDRESS	195 W MYRTLE STREET	
CITY-ST-ZIP	BARTOW FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Georgeann Sumner	
STREET ADDRESS	395 W. Tyler Street	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

KATHLEEN C. HUNT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)