

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 270503**

1. Entity Name

WAUCHULA DEVELOPMENT CORPORATION**FILED**
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90210 001 ***150.00

Principal Place of Business

P O BOX 878
220 N. 6TH AVE.
WAUCHULA FL 33873

Mailing Address

P O BOX 878
220 N. 6TH AVE.
WAUCHULA FL 33873

2. Principal Place of Business

228 N. Sixth Avenue

Suite, Apt. #, etc.

3. Mailing Address

228 N. Sixth Avenue

Suite, Apt. #, etc.

City & State

Wauchula, Florida

City & State

Wauchula, Florida

Zip

33873

Country

Hardee

Zip

33873

Country

Hardee4. FEI Number **59-1008972**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERTS, LAWRENCE A.
220 N. 6TH AVE.
WAUCHULA FL 33873

7. Name and Address of New Registered Agent

Name **Same Registered Agent just new address:**Street Address (P.O. Box Number is Not Acceptable)
228 N. Sixth Avenue

City

Wauchula**FL**Zip Code
33873

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBERTS, LAWRENCE A.	
STREET ADDRESS	220 N. 6TH AVE.	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PITTS, THELMA V.	
STREET ADDRESS	220 N. 6TH AVENUE	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, HAL E.	
STREET ADDRESS	220 N. 6TH AVENUE	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TINDELL, JUANITA	
STREET ADDRESS	220 NORTH 6TH AVENUE	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KROLL, M. JOAN	
STREET ADDRESS	FLA. AVENUE	
CITY-ST-ZIP	WAUCHULA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberts, Lawrence A.	
STREET ADDRESS	228 N. Sixth Avenue	
CITY-ST-ZIP	Wauchula, Florida 33873	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pitts, Thelma V.	
STREET ADDRESS	228 N. Sixth Avenue	
CITY-ST-ZIP	Wauchula, Florida 33873	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Hal E.	
STREET ADDRESS	228 N. Sixth Avenue	
CITY-ST-ZIP	Wauchula, Florida 33873	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tindell, Juanita	
STREET ADDRESS	228 N. Sixth Avenue	
CITY-ST-ZIP	Wauchula, Florida 33873	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence A. Roberts

Date

1/20/2001

Daytime Phone #

862 773 3337

CR2E034 (10/00)