## **2002 UNIFORM BUSINESS REPORT (UBR)**

# DOCUMENT # 701871 1. Entity Name

### TAXPAYERS LEAGUE OF POLK COUNTY, INC.

# FILED Aug 25, 2002 8:00 am Secretary of State 08-25-2002 90195 014 \*\*\*\*61.25

Principal Pla							
	ce of Business	Mailing Address		_			
P.O. BOX 1089 BARTOW FL 33831-1089		P.O. BOX 1089 BARTOW FL 33831-1089			DAT94001		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 5	4. FEI Number 59-0910855 Applied For Not Applicable		
Zip Country		Zip Country			5. Certificate of Status Desired Security Secu		
·	6. Name and Address of Current	Registered Agent	<del></del>	7 Name and Add	ress of New Registered Agent	uired	'
	or remound Address of Current	nogisteres Agent	Name /	1 . 1			1
041.0704	1 10/04/65		Street Ad	dress (P.O. Box Number is	envy Not Acceptable)		$\cdot$
	I, YVONNE L		233		nic Hwy		1
6119 BLACK WALNUT DR BARTOW FL 33830					Ų		
	,		City	ve halales	FL Zip	Code 220	
8. The above	e named entity submits this statement fo	r the purpose of changing its	registered office or r		<u> </u>	vith, and accept	1
the obliga	ations of registered agent.						
	Joseph Many	~/ (Cin)	La Man		alia	102-	Ì
SIGNATURE	Signature typed or printed name of registered agent	and the if applicable. (NOTE:	: Registered Agent signature	e required when reinstating)	DATE	102	
,							1
			paign Financing	_ <b>\$5.00</b> May Be	Make Check Payal		
	min. will be \$236.25.	Trust Fund Co	ontribution.	Added to Fees	Department of St	iate	l
10.	OFFICERS AND DIF	ECTORS	11.	ADDITIONS/CHANG	L ES TO OFFICERS AND DIRECTOR:	S IN 10	
TITLE	PD	☐ Delete	, TITLE	PD	Chan	ge 🔲 Addition	(20)
NAME	JAHNA, JAMES PO DRAWER 840		NAME	GO Bby Henry	.21		7(4)
STREET ADDRESS CITY-ST-ZIP	LAKE WALES FL 33853		STREET ADDRESS				က
TITLE	VPD		CITY-ST-7IP	Lake Wales	3 FI 33859	ĺ	<u>ا</u>
		∩ Nelete	+	Lake Wales	3 Pl 33859	ne 🗆 Addition	RZEO
NAME	HENRY, CINDY	☐ Delete	CITY-ST-ZIP TITLE NAME	TR Water	3 FI 33859	ige 🔲 Addition	CR2E037 (4/02)
NAME STREET ADDRESS	HENRY, CINDY PO BOX 832	☐ Delete	TITLE NAME STREET ADDRESS	TR Jahna, Jim	3 °F( 33859 ☑ □ □ □ □ □ □	ge Addition	CR2E0
NAME STREET ADDRESS CITY-ST-ZIP	HENRY, CINDY PO BOX 832 LAKE-WALES FL-33859		TITLE NAME STREET ADDRESS - CITY-ST-ZIP	TR Jahna, Jim P.O. Drawen Haxe Wale	3 FI 33859  206an  340  3, FI 33853		CR2E0
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NAME STREET ADDRESS CITY-ST-ZIP	HENRY, CINDY PO BOX 832 LAKE WALES FL 33859 VPD DEAL, GREG		TITLE NAME STREET ADDRESS - CITY-ST-ZIP TITLE NAME	TR Jahna, Jim Po. Drawen Lake Wale BEIL, Melos Bell, Melos	3 FI 33859  2340 25, FI 33853		CRZEO
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	HENRY, CINDY PO BOX 832 LAKE WALES FL 33859		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lake Wales TR Jahna, Jim P.O. Orawen Take Wale BEIL, Melos	3 F 33859  S F 33853  Chan		CR2E0
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	HENRY, CINDY PO BOX 832 LAKE WALES FL 33859 VPD DEAL, GREG 1525 S FLORIDA AVE SUITE #2 LAKELAND FL 33803 VPD		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TR Jahna, Jim Po. Drawen Lake Wale BEIL, Melos Bell, Melos	3 FI 33859  2340 25, FI 33853	ige TAddition	\ CR2E0
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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:

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