

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2002 8:00 am**  
**Secretary of State**

08-25-2002 90195 014 \*\*\*\*61.25

0013632

**DOCUMENT # 701871**

1. Entity Name

**TAXPAYERS LEAGUE OF POLK COUNTY, INC.**

Principal Place of Business

P.O. BOX 1089  
 BARTOW FL 33831-1089

Mailing Address

P.O. BOX 1089  
 BARTOW FL 33831-1089

00104007



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0910855**

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

**RALSTON, YVONNE L**  
**6119 BLACK WALNUT DR**  
**BARTOW FL 33830**

Name **Cindy Henry**  
 Street Address (P.O. Box Number is Not Acceptable) **2300 N. Scenic Hwy**  
 City **Lake Wales** FL Zip Code **33853**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Cindy Henry* (Cindy Henry)

8/19/02

Signature typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

After September 13, 2002,  
 min. will be \$236.25.

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	JAHNA, JAMES	
STREET ADDRESS	PO DRAWER 840	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HENRY, CINDY	
STREET ADDRESS	PO BOX 832	
CITY-ST-ZIP	LAKE WALES FL 33859	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DEAL, GREG	
STREET ADDRESS	1525 S FLORIDA AVE SUITE #2	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ELSE, FRED	
STREET ADDRESS	618 S LAKESHORE BLVD	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	RALSTON, YVONNE	
STREET ADDRESS	6119 BLACK WALNUT DR	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cindy Henry	
STREET ADDRESS	P.O. Box 832	
CITY-ST-ZIP	Lake Wales FL 33859	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jahna, Jim	
STREET ADDRESS	P.O. Drawer 840	
CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bell, melony	
STREET ADDRESS	412 N. Lantier	
CITY-ST-ZIP	Ft. Meade, FL 33841	
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		

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: *Cindy Henry* Henry 8/19/02 8/31/02 676-0332

CR2E037 (4/02)