

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703948

1. Entity Name

POLK COUNTY SCHOLARSHIP FUND INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90097 036 \*\*\*\*61.25

Principal Place of Business

P.O. BOX 3140  
LAKELAND FL 33802-0140  
US

Mailing Address

P.O. BOX 3140  
P.O. BOX 3140  
LAKELAND FL 33802-3140  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7152214

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

WILSON, LYNN K., JR.  
1804 9TH ST. S.E.  
WINTER HAVEN 33880

Name

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

901 AVE 'S' SE

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 ☐ Delete  
NAME TD  
STREET ADDRESS WILSON, LYNN K., JR.  
CITY-ST-ZIP 1804 9TH STREET, S.E.  
WINTER HAVEN FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 901 AVE 'S' SE  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME D  
STREET ADDRESS REYNOLDS, GLENN  
CITY-ST-ZIP 4235 OLD COLONY ROAD  
MULBERRY FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS STROUPE, CYNTHIA  
CITY-ST-ZIP 995 24TH STREET, N.E.  
WINTER HAVEN FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS NOBLE, KAY  
CITY-ST-ZIP 4628 BURGUNDAY PLACE  
LAKELAND FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KENDRICK, PAM  
CITY-ST-ZIP 632 ORIOLE DRIVE  
LAKELAND FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)