

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705962

1. Entity Name

FLORIDA STATE FARM EMPLOYEES ACTIVITIES ASSOCIAT

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90074 042 \*\*\*\*61.25

Principal Place of Business

Mailing Address

7401 CYPRESS GARDENS BLVD  
WINTER HAVEN FL 33888

7401 CYPRESS GARDENS BLVD  
WINTER HAVEN FLA 33888-0001

2. Principal Place of Business

7401 Cypress Gardens Blvd

3. Mailing Address

7401 Cypress Gardens Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Winter Haven, FL

Zip

33888

Country

USA

Zip

33888

Country

USA

4. FEI Number

59-1033224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALLEN, LINDA  
7401 CYPRESS GARDENS BLVD.  
WINTER HAVEN FL 33888

7. Name and Address of New Registered Agent

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 Linda Allen

4-6-2000

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

|                                                |                                                                                |                                 |
|------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GIAMMARCO, MICHAEL<br>7401 CYPRESS GARDENS BLVD<br>WINTER HAVEN FL 33888 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>THOMAS, SUSAN<br>7401 CYPRESS GARDENS BLVD<br>WINTER HAVEN FL 33888      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>TESCH, LISA<br>7401 CYPRESS GARDENS BLVD<br>WINTER HAVEN FL              | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>BRANCH, DEBRA<br>7401 CYPRESS GARDENS BLVD<br>WINTER HAVEN FL 33888      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                                |                                                                              |
|------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>James Turnbow<br>7401 Cypress Gardens Blvd<br>Winter Haven, FL 33888     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>Christy Tofanelli<br>7401 Cypress Gardens Blvd<br>Winter Haven, FL 33888 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>Karen Perez<br>7401 Cypress Gardens Blvd<br>Winter Haven, FL 33888       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>Kate Carney<br>7401 Cypress Gardens Blvd<br>Winter Haven, FL 33888       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ATD<br>Debra Branch<br>7401 Cypress Gardens Blvd<br>Winter Haven, FL 33888     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: Kate Carney SIGNATURE REQUIRED

4-6-2000

(863) 318-3231

Date

Daytime Phone #

CR2E037 (9/99)