

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 02, 2001 8:00 am
Secretary of State

02-14-2001 90024 036 *****61.25

DOCUMENT # 706377

1. Entity Name

RIVERSIDE POMONA GRANGE NO 3 INC

Principal Place of Business

C/O BETTY WINTERMUTE
4725 84TH STREET, BOX 155
WABASSO FL 32970
US

Mailing Address

C/O BETTY WINTERMUTE
4725 84TH STREET, BOX 155
WABASSO FL 32970
US

2. Principal Place of Business

Suite, Apt. #, etc.
4725-84th ST, Box 155

City & State
Wabasso, Fla.

Zip
32970

Country

Indian River

3. Mailing Address

4725-84th ST

Suite, Apt. #, etc.

Box 155

City & State

Wabasso, Fla.

Zip

32970

Country

Indian River



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7214711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINTERMUTE, BETTY
4725 84TH STREET
P.O. BOX 155
WABASSO FL 32970

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

Betty Wintermute

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

Betty Wintermute

(NOTE: Registered Agent signature required when reinstating)

2/12/2001

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 NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, WALTER D 4756 65TH STREET WINTER BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WINTERMUTE, CHARLES D 4725 84TH STREET WABASSO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEVIN, EVELYN 47095 109TH STREET FELLSMERE FL 32048	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAZIUKONIS, EDNA D 736 E LARK ST BAREFOOT BAY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WINTERMUTE, BETTY 4725 84TH STREET WABASSO FL 32970	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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:

Charles M. Wintermute

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/2001

Date

561-5894674

Daytime Phone #

CR2037 (10/00)