

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90090 050 \*\*\*\*61.25

**DOCUMENT # 709063**

1. Entity Name

**HIBISCUS GRANGE NO. 201**

Principal Place of Business

**32N BROADWAY  
 FELLSMERE FL 32948**

Mailing Address

~~HIBISCUS GRANGE  
 PO BOX 155  
 WABASSO FL 32970~~

**REFERENCE  
 2000 REPORT!**

**642901**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 186**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**FELLSMERE, FL.**

4. FEI Number

**23-7213497**

Applied For

Not Applicable

Zip

**32948**

Country

**IND. RIV.**

Zip

**32948**

Country

**IND. RIV.**

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

**WATT, SHERLEE  
 142 S. CYPRESS ST.  
 FELLSMERE FL 32948**

Name

**SEE NO. 6!!!!!!**

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 **SHERLEE WATT, SECRETARY**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>T YURKIEWICZ, RUTH 175 S. ELM STREET FELLSMERE FL 32948</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEVAN, EVELYN 14095 109TH ST FELLSMERE FL 32948</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D P YURKIEWICZ, PETER 175 S. ELM STREET FELLSMERE FL 32948</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S WATT, SHERLEE 142 S. CYPRESS ST. FELLSMERE FL 32948-6720</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOORE, ARTHUR 6 GAIL RD SEBASTIAN FL 32958-3501</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GRIFFIN, DONALD 1234 S WATERWAY DR BAREFOOT BAY FL 32976</b> <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T LEVAN, EVELYN 14095 109th ST. FELLSMERE, FL. 32948</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" 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	<b>D WINTERMUTE, BETTY PO BOX 155(4725 84th St) WABASSO, FL. 32970</b> <input checked="" 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: **Sherlee Watt (SHERLEE WATT)**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-17-01**

Date

**(561) 571-8608**

Daytime Phone #

CR2E037 (10/00)