3/25/02-90043-013-$61.25-$61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709063

1. Entity Name

HIBISCUS GRANGE NO. 201 INC.

NC Not Filed

FILED

02 APR 11 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
32N BROADWAY FELLSMERE FL 32948	PO BOX 186 FELLSMERE FL 32948

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7213497 ☐ Applied For ☐ Not Applicable

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 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 _____
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	T LEVAN, EVELYN 14095 109TH ST FELLSMERE FL 32948	☒ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	SHERLEE WATT 142 So. Cypress St. Fellsmere, Fl. 32948	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVAN, EVELYN 14095 109TH ST FELLSMERE FL 32948	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	REVIS AKERS 111 So. Oleander St. Fellsmere, Fl. 32948	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P YURKIEWICZ, PETER 175 S. ELM STREET FELLSMERE FL 32948	☒ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	LEVAN, EVELYN 14095 109th St. Fellsmere, Fl. 32948	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WATT, SHERLEE 142 S. CYPRESS ST. FELLSMERE FL 32948-6720	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, ARTHUR 6 GAIL RD SEBASTIAN FL 32958-3501	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	BURR, RAYMOND 817 Cain St. Sebastian, Fl. 32958	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINTERMUTE, BETTY PO BOX 155 (4725 84TH ST) WABASSO FL 32970	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 03.07.02 (772-571-8608)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #