

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90162 014 ****61.25

DOCUMENT # 709063

1. Entity Name

HIBISCUS GRANGE NO. 201 INC.



Principal Place of Business

**32N BROADWAY
FELLSMERE FL 32948**

Mailing Address

**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

☒ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Delete
NAME **WATT, SHERLEE**
STREET ADDRESS **142 SO. CYPRESS STREET**
CITY-ST-ZIP **FELLSMERE FL 32948**

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

TITLE **D** ☐ Delete
NAME **AKERS, REVIS**
STREET ADDRESS **111 SO. OLEANDER STREET**
CITY-ST-ZIP **FELLSMERE FL 32948**

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

TITLE **P** ☒ Delete
NAME **LEVAN, EVELYN**
STREET ADDRESS **14095-109TH STREET**
CITY-ST-ZIP **FELLSMERE FL 32948**

TITLE ☒ Change ☐ Addition
NAME **PAUL MATTFELD**
STREET ADDRESS **P.O. BOX 100**
CITY-ST-ZIP **FELLSMERE, FL. 32948**

TITLE **S** ☐ Delete
NAME **WATT, SHERLEE**
STREET ADDRESS **142 S. CYPRESS ST.**
CITY-ST-ZIP **FELLSMERE FL 32948-6720**

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

TITLE **D** ☒ Delete
NAME **BURR, RAYMOND**
STREET ADDRESS **817 CAIN STREET**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE ☒ Change ☐ Addition
NAME **KATHRYN FLAHERTY**
STREET ADDRESS **P.O. BOX 276**
CITY-ST-ZIP **ROSELAND, FL. 32957**

TITLE **D** ☒ Delete
NAME **WINTERMUTE, BETTY**
STREET ADDRESS **PO BOX 155 (4725 84TH ST)**
CITY-ST-ZIP **WABASSO FL 32970**

TITLE ☒ Change ☐ Addition
NAME **CHARLES WINTERMUTE**
STREET ADDRESS **P.O. BOX 155**
CITY-ST-ZIP **WABASSO, FL. 32970**

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 *[Signature]* **05/23/03 (772) 571-8608**

CR2E037 (10/02)