

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90077 005 \*\*\*\*61.25

**DOCUMENT # 717115**

1. Entity Name

**COMMUNITY SERVICE CENTER OF NORTHEAST POLK COUNT**

Principal Place of Business

226 S. 6TH & WOOD AVE.  
 HAINES CITY FL 33844  
 US

Mailing Address

P.O. BOX 998  
 P.O. BOX 998  
 HAINES CITY FL 33845-0998  
 US

69028718



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-1366144**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**FLOWERS, OWEN**  
**706 CHURCH AVENUE**  
**HAINES CITY FL 33844**

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 \_\_\_\_\_

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	VD	<input type="checkbox"/> Delete
NAME	ARMSTRONG, LINDA	
STREET ADDRESS	40 GREENWOOD LN	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MYERS, MABELLE F	
STREET ADDRESS	815 PRADO GRANDE	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SWAIN, IRMA	
STREET ADDRESS	PO BOX 65	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JUKES, JANE C.	
STREET ADDRESS	915 HILL DRIVE	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	ED	<input type="checkbox"/> Delete
NAME	FLOWERS, OWEN	
STREET ADDRESS	706 CHURCH AVENUE	
CITY-ST-ZIP	HAINES CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: \_\_\_\_\_

*Signature of Philip Treasurer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/20/00* *863-422-3660*  
 Date Daytime Phone #

CR2E037 (9/99)