

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731095

1. Entity Name

FLORIDA ASSOCIATION OF BETTER BUSINESS ORGANIZAT

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90920 007 ****61.25

Principal Place of Business

BETTER BUSINESS CO
930 MARCUM RD., STE. 4
LAKELAND FL 33809
US

Mailing Address

BETTER BUSINESS CO
930 MARCUM RD., STE. 4
LAKELAND FL 33809-4308
US

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

59-2412598

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOOTON, DAVID
930 MARCUM RD., STE. 4
LAKELAND FL 33809

7. Name and Address of New Registered Agent

Name: DAVID WOOTON
Street Address (P.O. Box Number is Not Acceptable)
7430 CATHERINE ROAD

City: KATHLEEN

FL

Zip Code: 33849

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	PD	<input type="checkbox"/> Delete
NAME	WOOTON, DAVID	
STREET ADDRESS	930 MARCUM RD., STE 4	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MAGMEN, CAROL	
STREET ADDRESS	P.O. BOX 640	
CITY-ST-ZIP	FT. WALTON-BEACH FL 32549	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEUTON, DOTTIE	
STREET ADDRESS	6460 W. GULF TO LAKE HWY.	
CITY-ST-ZIP	CRYSTAL RIVER FL 34229	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DAVID WOOTON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO BOX 130	
STREET ADDRESS	KATHLEEN FL 33849	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/99)