

2002 UNIFORM BUSINESS REPORT (UBR)

2/26/01

FILED
Apr 24, 2002 8:00 am
Secretary of State

02-26-2002 90115 036 ****61.25

DOCUMENT # 733863

1. Entity Name

HARDEE COUNTY COUNCIL OF AGING, INC..

Principal Place of Business

Mailing Address

310 N. 8TH AVE
P O BOX 803
WAUCHULA FL 33873
US

310 NO 8TH AVE
P O BOX 803
WAUCHULA FL 33873
US

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

59-1634802

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

WILSON, E J
714 KOHALA DR
WAUCHULA FL 33873

Name **Gilliard, Imogene**

Street Address (P.O. Box Number is Not Acceptable)

115 W. 7th St.

City **Zolfo Springs**

FL

Zip Code
33890

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

Imogene Gilliard

1/28/02

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 ☒ Delete
NAME **P WILSON, E J**
STREET ADDRESS **714 KOHALA DR**
CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE ☐ Change ☒ Addition
NAME **P Gilliard, Imogene**
STREET ADDRESS **115 W. 7th St.**
CITY-ST-ZIP **Zolfo Springs, FL 33890**

TITLE ☒ Delete
NAME **VD GILLIARD, IMAGENE**
STREET ADDRESS **P.O BOX 21**
CITY-ST-ZIP **ZOLFO SPRINGS FL 33890**

TITLE ☐ Change ☒ Addition
NAME **V Clark, Jack**
STREET ADDRESS **1302 Stenstrom Rd**
CITY-ST-ZIP **Wauchula, FL 33873**

TITLE ☐ Delete
NAME **TD WILLIAMS, KATIE**
STREET ADDRESS **307 SHELTON AVE.**
CITY-ST-ZIP **WAUCHULA FL**

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

TITLE ☐ Delete
NAME **SD GLORIOUS, GRACE**
STREET ADDRESS **114 PENNSYLVANIA AVENUE**
CITY-ST-ZIP **WAUCHULA FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Imogene Gilliard

1/28/02

(863) 773-2022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR0307 (9/01)

Attachment
25253

2002 Uniform Business Report (UBR) (Attachment)

Document # 793863

FEI Number: 59-1634802

Hardee County Council on Aging, Inc.
310 N. 8th Ave.
P. O. Box 803
Wauchula, FL 33873

Officers and Directors

D
Phil Glorius
114 Pennsylvania Ave.
Wauchula, FL 33873

D
Mary Himrod
609 East Main Street
Wauchula, FL 33873

D
Madge Lackey
617 East Bay Street
Wauchula, FL 33873