

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734046

1. Entity Name

THE GUILD, INC.

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90112 015 \*\*\*\*61.25

Principal Place of Business

P.O. BOX 6821  
LAKELAND FL 33807-3821

Mailing Address

P.O. BOX 6821  
LAKELAND FL 33807-3821

2. Principal Place of Business

3. Mailing Address

P.O. Box 2326

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Lakeland, FL 33806

Zip

Country

Zip

Country

4. FEI Number

59-6177414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRESLER, JOSH A  
987 LAKE HOLLINGSWORTH DRIVE  
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name

Mary Wortman

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

5063 Windover Lane

City

Lakeland, FL

FL

Zip Code

33813

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

*Mary Wortman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11-April-2001

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 NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, BARBARA 8 LOMA VERDE LAKELAND FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOMKOW, MARCIA 3418 BARLEY LANE LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLSON, ENID 4016 STAFFORDSHIRE DR LAKELAND FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRESLER, JOSH A 987 LAKE HOLLINGSWORTH DRIVE LAKELAND FL 33803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COMBS, MARY ANN 140 WOODSIDE DRIVE LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MARGARET 9 CASA LOMA WAY LAKELAND FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Diane VanDusen 6 Casa Loma Way Lakeland, FL 33813 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mary Wortman 5063 Windover Lane Lakeland, FL 33813 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Marilyn Riggs P.O. Box 1707 Winter Haven, FL 33881 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Margaret Smith 9 Casa Loma Way Lakeland, FL 33813 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

*Mary Wortman*  
Date: 11-April-2001, 863-644-3153  
Daytime Phone #

CR2E037 (10/00)