

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734187

1. Entity Name

DESOTO COUNTY TAXPAYERS ASSOCIATION, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90014 036 ****61.25

Principal Place of Business

4644 S.E. BROWN ROAD
 ARCADIA FL 34266

Mailing Address

~~4644 S.E. BROWN ROAD~~
~~ARCADIA FL 34266~~
 XXXXXXXXX

124 North Brevard Avenue
 Arcadia, FL 34266

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1633711

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WALDRON, EUGENE E JR.
 124 NORTH BREVARD AVE.
 ARCADIA FL 34266

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
After September 13, 2000 min. will be \$236.25

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
 NAME PD
 STREET ADDRESS HOLLINGSWORTH, V.C. III
 CITY-ST-ZIP 8326 N.E. PINE LEVEL STREET
 ARCADIA FL 34266 ☐ Delete

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

TITLE
 NAME SD
 STREET ADDRESS BATEMAN, H.P.
 CITY-ST-ZIP 6384 S.E. CR 760
 ARCADIA FL 34266 ☐ Delete

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

TITLE
 NAME TD
 STREET ADDRESS MERCER, CARY M
 CITY-ST-ZIP 4644 S.E. BROWN ROAD
 ARCADIA FL 34266 ☐ Delete

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
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 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 REQUIRED Cary M. Mercer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-00

Date

863-494-4323

Daytime Phone #

CR2E037 (5/00)