

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 741356**

1. Entity Name

**FLORIDA CITRUS SHOWCASE AND POLK COUNTY FAIR, INC**

Principal Place of Business

211 AVE G, SW  
WINTER HAVEN FL 33880  
US

Mailing Address

P.O. BOX 30  
WINTER HAVEN FL 33882-0030

2. Principal Place of Business

209 Avenue O, SW

Suite, Apt. #, etc.

3. Mailing Address

Same as above.

Suite, Apt. #, etc.

City &amp; State

Winter Haven, Florida

City &amp; State

City &amp; State

Zip  
33880Country  
Polk

Zip

Country

4. FEI Number

59-0247578

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

JOINER, JAMES T  
190 AVE A NW  
WINTER HAVEN FL

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: ED  
NAME: HEMENWAY, RICHARD A  
STREET ADDRESS: 211 AVE G, SW  
CITY-ST-ZIP: WINTER HAVEN FL 33880 ☒ DeleteTITLE: PD  
NAME: JOINER, JAMES  
STREET ADDRESS: 190 AVE A NW  
CITY-ST-ZIP: WINTER HAVEN FL 33880 ☒ DeleteTITLE: TD  
NAME: ADAMS, JR B  
STREET ADDRESS: 202 SECURITY SQ  
CITY-ST-ZIP: WINTER HAVEN FL 3388 ☒ DeleteTITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ DeleteTITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ DeleteTITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE: President ☐ Change ☐ Addition  
NAME: James T. Joiner -D  
STREET ADDRESS: 190 Avenue A, NW  
CITY-ST-ZIP: Winter Haven, Fl. 33880TITLE: Vice President ☐ Change ☐ Addition  
NAME: Ben Adams, Jr. - D  
STREET ADDRESS: 202 Security Square  
CITY-ST-ZIP: Winter Haven, Fl. 33880TITLE: Treasurer ☐ Change ☐ Addition  
NAME: Lori Chalker - D  
STREET ADDRESS: 114 WGTO Tower Road  
CITY-ST-ZIP: Polk City, Fl. 33868TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ AdditionTITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ AdditionTITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Daytime Phone #

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

05-15-2001 90190 044 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2037 (10/00)