

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 741356

FILED  
May 01, 2002 8:00 AM  
Secretary of State

**Entity Name:** FLORIDA CITRUS SHOWCASE AND POLK COUNTY FAIR, INC.

**Current Principal Place of Business:**

209 AVENUE O SW  
WINTER HAVEN, FL 33880 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 30  
WINTER HAVEN, FL 338820030

**New Mailing Address:**

**FEI Number:** 59-0247578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOINER, JAMES T  
190 AVE A NW  
WINTER HAVEN, FL US

**Name and Address of New Registered Agent:**

JOINER, JAMES T  
190 AVE A NW  
WINTER HAVEN, FL 33880 US

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:

05/01/2002

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JOINER, JAMES  
Address: 190 AVE A NW  
City-St-Zip: WINTER HAVEN, FL 33880

Title: VPD ( ) Delete  
Name: ADAMS, JR B  
Address: 202 SECURITY SQ  
City-St-Zip: WINTER HAVEN, FL 3388

Title: TD ( ) Delete  
Name: CHALKER, LORI  
Address: 114 WGTO TOWER ROAD  
City-St-Zip: POLK CITY, FL 33868

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KILLEBREW, SAM  
Address: PO BOX 6258  
City-St-Zip: LAKE LAND, FL 33801

Title: VPD (X) Change ( ) Addition  
Name: CHALKER, LORI B  
Address: PO BOX 7378  
City-St-Zip: WINTER HAVEN, FL 33883

Title: TD (X) Change ( ) Addition  
Name: MCCOY, RODGER  
Address: 110 WGTO TOWER ROAD  
City-St-Zip: POLK CITY, FL 33868

Title: SD ( ) Change (X) Addition  
Name: ADAMS, MIKE  
Address: PO BOX 1487  
City-St-Zip: LAKE LAND, FL 33802

Title: D ( ) Change (X) Addition  
Name: ADAMS JR, BEN  
Address: PO BOX 2239  
City-St-Zip: WINTER HAVEN, FL 33883

Title: ED ( ) Change (X) Addition  
Name: FUQUA JR, BOBBY  
Address: PO BOX 30  
City-St-Zip: WINTER HAVEN, FL 33882

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY FUQUA JR

ED

05/01/2002

Electronic Signature of Signing Officer or Director

Date