

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90014 033 ****61.25

DOCUMENT # 745813

1. Entity Name

PLANT CITY CIVITAN CLUB, INC.

Principal Place of Business

**3707 FORBES RD
 DOVER FL 33527-9742
 US**

Mailing Address

**P O BOX 351
 PLANT CITY FL 33564-0351
 US**

00059918



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX 351
 Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 351
 Suite, Apt. #, etc.

City & State

PLANT CITY, FL
 Zip Country

City & State

PLANT CITY, FL
 Zip Country

4. FEI Number

23-7032972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BRADBURY, WILLIAM
 3707 FORBES RD SO.
 DOVER FL 33527**

7. Name and Address of New Registered Agent

Name **PAT POGUE**
 Street Address (P.O. Box Number is Not Acceptable)
2809 N. BLAIN ACRE RD
 City **PLANT CITY** FL Zip Code **33566**

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

Pat Pogue **PAT POGUE PRESIDENT**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

7-23-01
 DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, VERNON 4603 W BUGG RD PLANT CITY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHRISTIE, ROBERT 816 N DRANE ST PLANT CITY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKHART, LAMAR 709 E. SPARKMAN RD PLANT CITY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRADBURY, WILLIAM 3707 FORBES RD SO. DOVER FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POWELL, ANNETTE 2404 ARIANA BLVD AUBURNDALE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, J H DR. 2203 ALLEN DR. PLANT CITY FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAT POGUE 2809 BLAIN ACRE RD. PLANT CITY, FL 33566 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEA SACCO 102 W. BAKER ST PLANT CITY, FL 33566 <input type="checkbox"/> Change <input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:

Robert Christie **ROBERT CHRISTIE**

7-23-01

813-757-9200

CR2E037 (5/01)