

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2002 8:00 am**  
**Secretary of State**

08-14-2002 90024 006 \*\*\*\*61.25

**DOCUMENT # 745813**

1. Entity Name

**PLANT CITY CIVITAN CLUB, INC.**



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

**POGUE, PAT**  
**2809 N BLAIN ACRE RD**  
**PLANT CITY FL 33566**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

9. Election Campaign  
 Trust Fund Contribution

10. OFFICERS AND DIRECTORS

TITLE	D	NAME	PORTER, VERNON	<input type="checkbox"/> Delete
STREET ADDRESS	4603 W BUGG RD			
CITY-ST-ZIP	PLANT CITY FL			
TITLE	S	NAME	CHRISTIE, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	816 N DRANE ST			
CITY-ST-ZIP	PLANT CITY FL			
TITLE	D	NAME	LOCKHART, LAMAR	<input type="checkbox"/> Delete
STREET ADDRESS	709 E. SPARKMAN RD			
CITY-ST-ZIP	PLANT CITY FL			
TITLE	P	NAME	POGUE, PAT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2809 BLAIN ACRE RD			
CITY-ST-ZIP	PLANT CITY FL 33566			
TITLE	T	NAME	SACCO, LEA	<input type="checkbox"/> Delete
STREET ADDRESS	102 W BAKER ST			
CITY-ST-ZIP	PLANT CITY FL 33566			
TITLE	D	NAME	LONG, J H DR.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2203 ALLEN DR.			
CITY-ST-ZIP	PLANT CITY FL			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	NAME	COPELAND, RAYMOND	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2101 KNIGHTS-GRIFFIN RD E			
CITY-ST-ZIP	PLANT CITY, FL 33565			
TITLE	D	NAME	NELSON, GARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	702 S. COLLINS ST.			
CITY-ST-ZIP	PLANT CITY, FL 33563			
TITLE	D	NAME	CAUCHWELL, ANN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5809 W. KNIGHTS-GRIFFIN RD			
CITY-ST-ZIP	PLANT CITY, FL 33565			
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	P	NAME	POWELL, ANNETTE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2404 ARIANA BLVD			
CITY-ST-ZIP	AUBURNDALE, FL 33823			
TITLE	P	NAME	SACCO, LEA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	102 W. BAKER ST.			
CITY-ST-ZIP	PLANT CITY, FL 33566			
TITLE	D	NAME	THARRINGTON, STARKEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2005 BLANCH FORBES RD			
CITY-ST-ZIP	PLANT CITY, FL 33565			

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

*Vernon Porter* **VERNON D. PORTER**

8-8-02 813-752-0417

CR2E037 (4/02)