

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90143 042 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 751304**  
**1. Entity Name**  
**ARTHUR BORING CIVIC CENTER, INC.**

**Principal Place of Business**      **Mailing Address**  
 2202 W REYNOLDS ST      P.O. DRAWER 1869  
 PLANT CITY FL 33567      PLANT CITY FL 33564-1869  
 US      US

**2. Principal Place of Business**      **3. Mailing Address**  
**SAME AS ABOVE**      **SAME AS ABOVE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
**SAME AS ABOVE**      **SAME AS ABOVE**

**4. FEI Number**      **Applied For**  
**59-6151219**       Not Applicable

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

**Zip**      **Country**      **Zip**      **Country**  
**SAME AS ABOVE**      **SAME AS ABOVE**      **SAME AS ABOVE**      **SAME AS ABOVE**

**6. Name and Address of Current Registered Agent**  
**REDMAN, JAMES L.**  
**121 N. COLLINS STREET**  
**PLANT CITY FL 33566**

**7. Name and Address of New Registered Agent**  
**Name**  
**SAME**  
**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERRILL, J D 606 S EVERS ST PLANT CITY FL 33566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTSON, JR RAY ROLLYSON, JR P. O. BOX 1536 PLANT CITY, FL 33564 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROLLYSON, ROLLY P O BOX 1536 PLANT CITY FL 33564 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBERT TRINKLE P. O. BOX TT PLANT CITY, FL 33564 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRINKLE, ROBERT 121 N COLLINS ST PLANT CITY; FL 00000 33564 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENNETH LUCAS 4120 STATE RD. 60 W. PLANT CITY, FL 33567 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUCAS, KENNETH 3938 HWY 60 WEST PLANT CITY, FL 00000 33567 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOE NEWSOME 3405 N. WILDER RD. PLANT CITY, FL 33565 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLARD, TERRY 407 VIRGINIA AVE PLANT CITY, FL 00000 33566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY BALLARD 407 VIRGINIA AVE. PLANT CITY, FL 33566 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDMAN, JAMES L 121 N COLLINS STREET PLANT CITY, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES L. REDMAN 121 N. COLLINS ST. PLANT CITY, FL 33566 <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 the attachment with an address, with all other like empowered.**

**SIGNATURE** SIGNATURE REQUIRED **James L Redman**      **1-25-00**      **813-751-6133**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)