

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 751304**

1. Entity Name

**ARTHUR BORING CIVIC CENTER, INC.****FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90008 049 \*\*\*\*61.25

Principal Place of Business

**2202 W REYNOLDS ST  
PLANT CITY FL 33567  
US**

Mailing Address

**P.O. DRAWER 1869  
PLANT CITY FL 33564-1869  
US**

2. Principal Place of Business

**SAME AS ABOVE**

3. Mailing Address

**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SAME AS ABOVE****SAME AS ABOVE**

City &amp; State

City &amp; State

**SAME AS ABOVE****SAME AS ABOVE**

Zip

Country

Zip

Country

4. FEI Number

**59-6151219**

Applied For

Not Applicable

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

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
NEWSOME, JOE  
3405 N. WILDER RD  
PLANT CITY FL 33565** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
ROLLYSON, ROLLY  
P O BOX 1536  
PLANT CITY FL 33564** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
TRINKLE, ROBERT  
P O BOX 77  
PLANT CITY FL 33564** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
LUCAS, KENNETH  
4120 ST RD 60 W  
PLANT CITY FL 33567** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BALLARD, TERRY  
407 VIRGINIA AVE  
PLANT CITY FL 33566** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
REDMAN, JAMES L  
121 N COLLINS STREET  
PLANT CITY FL 33566** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
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

1/12/01

Date

813-752-6133

Daytime Phone #

CR2E037 (10/00)