

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90214 043 ****61.25

DOCUMENT # 751304

1. Entity Name

ARTHUR BORING CIVIC CENTER, INC.



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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.
212 N. COLLINS STREET SUITE 2
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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	NAME	NEWSOME, JOE	<input type="checkbox"/> Delete
STREET ADDRESS			3405 N. WILDER RD	
CITY-ST-ZIP			PLANT CITY FL 33565	
TITLE	D	NAME	ROLLYSON, ROLLY	<input type="checkbox"/> Delete
STREET ADDRESS			P O BOX 1536	
CITY-ST-ZIP			PLANT CITY FL 33564	
TITLE	PD	NAME	TRINKLE, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS			P O BOX TT	
CITY-ST-ZIP			PLANT CITY FL 33564	
TITLE	VPD	NAME	LUCAS, KENNETH	<input type="checkbox"/> Delete
STREET ADDRESS			4120 ST RD 60 W	
CITY-ST-ZIP			PLANT CITY FL 33567	
TITLE	D	NAME	BALLARD, TERRY	<input type="checkbox"/> Delete
STREET ADDRESS			407 VIRGINIA AVE	
CITY-ST-ZIP			PLANT CITY FL 33566	
TITLE	D	NAME	REDMAN, JAMES L	<input type="checkbox"/> Delete
STREET ADDRESS			121 N COLLINS STREET	
CITY-ST-ZIP			PLANT CITY FL 33566	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2. 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

1/10/03

813-754-6689

CR2E037 (10/02)