

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755660

1. Entity Name

HARDEE COUNTY 4-H CLUB FOUNDATION, INC.

FILED

May 12, 2000 8:00 am
Secretary of State

05-12-2000 90087 026 ****61.25

Principal Place of Business Mailing Address
HARDEE COUNTY EXTENSION SERVICE OFFICE HARDEE COUNTY EXTENSION SERVICE OFFICE
507 CIVIC CENTER DRIVE 507 CIVIC CENTER DRIVE
WAUCHULA FL 33873 WAUCHULA FL 33873-9460

0 4 4 0 4 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		**59-3632384**		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SOUTHWELL, JERALD S 574 GREEN ASH LANE WAUCHULA FL 33873		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 _____ 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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOUTHWELL, JERALD 574 GREEN ASH LANE WAUCHULA FL 33873 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAYWARD, RICH S 308 RIVERSIDE DRIVE WAUCHULA FL 33873 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NICKERSON, JOE 518 NORTH ED WELLS ROAD WAUCHULA FL 33873 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: Jerald S. Southwell Date: 4/26/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: 941-781-1272

CR2E037 (9/99)

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

#755660 844346
DATE OF THIS NOTICE: 03-24-2000
NUMBER OF THIS NOTICE: CP 575 E
EMPLOYER IDENTIFICATION NUMBER: 59-3632384
FORM: SS-4
0716901046 0

FILE COPY

FOR ASSISTANCE CALL US AT:
1-800-829-1040

HARDEE COUNTY 4-H FOUNDATION INC
% JERALD S SOUTHWELL
507 CIVIC CENTER DR
WAUCHULA FL 33873

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 59-3632384. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office, Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

Thank you for your cooperation.

Keep this part for your records.

CP 575 E (Rev. 1-2000)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 E

0716901046

Your Telephone Number Best Time to Call
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DATE OF THIS NOTICE: 03-24-2000
EMPLOYER IDENTIFICATION NUMBER: 59-3632384
FORM: SS-4

INTERNAL REVENUE SERVICE
ATLANTA GA 39901

HARDEE COUNTY 4-H FOUNDATION INC
% JERALD S SOUTHWELL
507 CIVIC CENTER DR
WAUCHULA FL 33873