

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
 03-27-2001 90046 011 ****61.25

DOCUMENT # 755660

1. Entity Name

HARDEE COUNTY 4-H CLUB FOUNDATION, INC.

Principal Place of Business

**HARDEE COUNTY EXTENSION SERVICE OFFICE
 507 CIVIC CENTER DRIVE
 WAUCHULA FL 33873**

Mailing Address

**HARDEE COUNTY EXTENSION SERVICE OFFICE
 507 CIVIC CENTER DRIVE
 WAUCHULA FL 33873**

818390



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3632384

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SOUTHWELL, JERALD S
 574 GREEN ASH LANE
 WAUCHULA FL 33873**

Name

Mary S. Mitchell

Street Address (P.O. Box Number is Not Acceptable)

9754 Tolbert Stephens Road

City

Opa

FL

Zip Code

33865

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 **Mary S. Mitchell**

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

(NOTE: Registered Agent signature required when reinstating)

3/23/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **SOUTHWELL, JERALD**
 STREET ADDRESS **574 GREEN ASH LANE**
 CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE **PD** ☒ Change ☒ Addition
 NAME **Dennis Crews**
 STREET ADDRESS **121 Prescott Road**
 CITY-ST-ZIP **Wauchula Florida 33873**

TITLE **VD** ☒ Delete
 NAME **HAYWARD, RICH S**
 STREET ADDRESS **308 RIVERSIDE DRIVE**
 CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE **VD** ☒ Change ☒ Addition
 NAME **Danny Weeks**
 STREET ADDRESS **329 Riverside Drive**
 CITY-ST-ZIP **Wauchula Florida 33873**

TITLE **STD** ☒ Delete
 NAME **NICKERSON, JOE**
 STREET ADDRESS **518 NORTH ED WELLS ROAD**
 CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE **SD** ☒ Change ☒ Addition
 NAME **Rilla Cooper**
 STREET ADDRESS **3645 Hendry Road**
 CITY-ST-ZIP **Bowling Green Florida 33834**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Change ☒ Addition
 NAME **Shannyn Robertson**
 STREET ADDRESS **5466 Sweetwater Road**
 CITY-ST-ZIP **Zolfo Springs, Florida 33890**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Mary S. Mitchell**
 STREET ADDRESS **9754 Tolbert Stephens Road**
 CITY-ST-ZIP **Opa Florida 33865**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Mary S. Mitchell

3/23/01

(863) 773-2164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)