

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90046 011 ****61.25

818390



DO NOT WRITE IN THIS SPACE

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 59-3632384	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SOUTHWELL, JERALD S
 574 GREEN ASH LANE
 WAUCHULA FL 33873**

7. Name and Address of New Registered Agent
 Name **Mary S. Mitchell**
 Street Address (P.O. Box Number is Not Acceptable)
9754 Tolbert Stephens Road
 City **Ona** **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** *Mary S. Mitchell* **3/23/01**
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. <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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOUTHWELL, JERALD 574 GREEN ASH LANE WAUCHULA FL 33873	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAYWARD, RICH S 308 RIVERSIDE DRIVE WAUCHULA FL 33873	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NICKERSON, JOE 518 NORTH ED WELLS ROAD WAUCHULA FL 33873	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dennis Crews 121 Prescott Road Wauchula Florida 33873	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Danny Weeks 329 Riverside Drive Wauchula Florida 33873	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(SD) Rilla Cooper 3645 Hendry Road Bowling Green Florida 33834	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Shannyn Robertson 5466 Sweetwater Road Zolfo Springs, Florida 33890	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mary S. Mitchell 9754 Tolbert Stephens Road Ona Florida 33865	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: **Mary S. Mitchell** *Mary S. Mitchell* **3/23/01** **(863) 773-2164**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

17447

CP2E037 (10/00)