

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90024 044 ****61.25

DOCUMENT # 755660

1. Entity Name

HARDEE COUNTY 4-H CLUB FOUNDATION, INC.

Principal Place of Business

Mailing Address

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

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

**MITCHELL, MARY S
9754 TOLBERT STEPHENS ROAD
ONA FL 33865**

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 \$61.259. 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 **CREWS, DENNIS**
STREET ADDRESS **121 PRESCOTT ROAD**
CITY-ST-ZIP **WAUCHULA FL 33873**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **WEEKS, DANNY**
STREET ADDRESS **329 RIVERSIDE DRIVE**
CITY-ST-ZIP **WAUCHULA FL 33873**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **COOPER, RILLA**
STREET ADDRESS **3645 HENDRY ROAD**
CITY-ST-ZIP **BOWLING GREEN FL 33834**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **ROBERTSON, SHANNYN**
STREET ADDRESS **5466 SWEETWATER ROAD**
CITY-ST-ZIP **ZOLFO SPRINGS FL 33890**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MITCHELL, MARY S**
STREET ADDRESS **9754 TOLBERT STEPHENS ROAD**
CITY-ST-ZIP **ONA FL 33865**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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, Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(863) 773-2164 2/12/02

Date

Daytime Phone #

CR2E037 (9/01)