

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90203 041 ****61.25

DOCUMENT # 760217

1. Entity Name
PRIDE PARTNERSHIP OF POLK COUNTY, INC.



Principal Place of Business

**610 AVE P SW
WINTER HAVEN FL 33880
US**

Mailing Address

**P.O. BOX 2118
WINTER HAVEN FL 33883-2118
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 **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CASEY, ALLAN L
395 AVE. C, N.W.
WINTER HAVEN FL 33881**

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	P	<input type="checkbox"/> Delete
NAME	HORTON, ANGIE	
STREET ADDRESS	539 E. CENTRAL AVE.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NORTON, SCOT	
STREET ADDRESS	1395 W. POLK ST.	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HORTON, ANGIE	
STREET ADDRESS	539 E CENTRAL AVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CASEY, ALLAN	
STREET ADDRESS	395 AVE 'C' NW	
CITY-ST-ZIP	WINTER HAVEN FL 33883-7146	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARIANI, MARY MAJ.	
STREET ADDRESS	WINTER HAVEN POLICE DEPT.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	BISH, NORETA	
STREET ADDRESS	611 POST AVE. SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julie Phillips	
STREET ADDRESS	1805 Woodpointe Dr.	
CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Thomas	
STREET ADDRESS	200 Ave. F, NE	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Sasso	
STREET ADDRESS	113 Mirror Ln. NW	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Ulery	
STREET ADDRESS	500 E. Central Ave.	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shirley James	
STREET ADDRESS	925 N. Buena Vista Dr.	
CITY-ST-ZIP	Lake Alfred, Florida 33850	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

CR2E037 (10/02)