

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768099

1. Entity Name

IMPERIAL POLK GENEALOGICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 10
KATHLEEN FL 33849

P.O. BOX 10
KATHLEEN FL 33849-0010

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

59-2890045

Applied For

Not Applicable

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

DAVIDSON, ALVIE L.
4825 N. GALLOWAY RD.
LAKE LAND FL 33810

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 \$61.25

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
NAME STONE, KAY
STREET ADDRESS 2240 BANANA RD
CITY-ST-ZIP LAKE LAND FL ☒ Delete

TITLE
NAME Davidson, Alvie L. Change ☒ Addition
STREET ADDRESS 4825 N. Galloway Rd.
CITY-ST-ZIP Lakeland, FL 33810

TITLE VPD
NAME BUSHONG, GLORIA
STREET ADDRESS 419 S ABERDEEN CT
CITY-ST-ZIP LAKE LAND FL 33813 ☒ Delete

TITLE
NAME Sands, Betty Change ☒ Addition
STREET ADDRESS 1605 S. Westgate Ave.
CITY-ST-ZIP Lakeland, FL 33803

TITLE SD
NAME GAIL S. HUTCHINSON
STREET ADDRESS 150 E HAINES
CITY-ST-ZIP LAKE ALFRED FL 33850 ☐ Delete

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

TITLE TD
NAME MCKENZIE, GINGER
STREET ADDRESS 1711 JOHN ARTHUR WAY
CITY-ST-ZIP LAKE LAND FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Signature of Gail S. Hutchinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90095 020 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)