

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # H14459**

1. Entity Name

**CONGDON FAMILY, INC.****FILED****Feb 13, 2001 8:00 am  
Secretary of State**

02-13-2001 90586 038 \*\*\*150.00

**715913**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

54 LAKE DR E  
P O BOX 304  
HAINES CITY FL 33844  
US

Mailing Address

PO BOX 304  
P O BOX 304, 54 E LAKE DR  
HAINES CITY FL 33844  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2475989**

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

CONGDON, ELTON  
54 E LAKE DRIVE  
PO BOX 304  
HAINES CITY FL 33844

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CONGDON, MARGUERITE  
CITY-ST-ZIP 119 S. 17TH ST.  
HAINES CITY FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME P  
STREET ADDRESS CONGDON, ELTON  
CITY-ST-ZIP 54 LAKE DRIVE, E  
HAINES CITY FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME D  
STREET ADDRESS CONGDON, CHARLES  
CITY-ST-ZIP 3492 JOHNSON AVE.  
HAINES CITY FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME ST  
STREET ADDRESS BARBER, LILLIAM  
CITY-ST-ZIP 400 PENINSULAR COURT  
HAINES CITY FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elton Congdon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-01

Date

863 439 7535

Daytime Phone #

CR2E034 (10/00)