PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

· **E** 

**I** 

= ----

= ----

≣ ==

**=** 3-55

**1.71 =**:::::

<b>APPLICATION</b>
FOR
· ·



DOCUMENT #

J35210

1. Corporation Name

## WINTER HAVEN LAND COMPANY

Principal Place of Business

Mailing Address

6700 SOUTH FLORIDA AVE

LAKELAND FL 33813

6700 COUTH-FLORIDA AVE

STE-1-

City & State 33813

Title(s)

HS

CTE: + LAKELAND FL 33813

If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable

135 Horizon Court

Date Incorporated or Qualified
To Do Business in Florida

09/24/1986

135 Horizon Court Suite, Apt. #, etc Lakeland

Suite, Apt. #, etc. Lakeland,

 $\mathbf{FL}$ City & State 33813

Street Address of Each

Officer and/or Director

5. FEI Number 59-3107435

CERTIFICATE OF STATUS DESIRED

Not Applicable \$8.75 Additional Fee required for a Certificate of Status

Applied For

Zip Country US

2. New Principal Office Address, If Applicable

Zip

Country US

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

City / State / Zip

FILED

00 NOV 20 PH 12: 27

SECRETARY OF STATE TALLAHASSEE FLORIDA

ELLSWORTH, KENT C. PD

8375 CREWS-LAKE DRIVE 36815 Center Ave

Dade City, FL 33525

**VPD** ELLSWORTH, W.WM. I P.O. Box 1466

ANNA MARIA FL

LAKELAND FI-

34216

**VPD** BADCOCK, MICHELLE E 3529 CREWS LAKE DRIVE

LAKELAND FL

33813 33813

**VPD ELLSWORTH, SUZANNE M**  3393 CREWS LAKE DRIVE

LAKELAND FL

200003493402--12/11/00--01041--002 \*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

Name of Officers

and/or Directors

Name

Ý.

9. Name and Address of New Registered Agent

ELLSWORTH, KENT C. OS AKEMENTED ACE ANNA-MARIA FL-94216

Street Address (P.O. Box Number is Not Acceptable)

36815 Center Ave Suite, Apt. #, Etc.

Dade City

Zip Code 33525

ned corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the re-

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

11/16/00 Date

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.



... Kent C. Ellsworth

11/16/00

863-644-4944

Daytime Phone #

CR2E040 (8/00)

- 10

A CONTROL OF THE CONT



CERTIFIED PUBLIC ACCOUNTANTS **BUSINESS & FINANCIAL ADVISORS**  13521D

November 14, 2000

Ms. Katherine Harris Secretary of State Fl Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**RE: Winter Haven Land Company** Doc #J35210

Dear Ms. Harris:

Winter Haven Land Company has changed its principal place of business and did not receive any prior notice to submit its 2000 annual report/uniform business report. Enclosed please find the completed report with address corrections and filing fee of \$150.

If our office can be of any further assistance, please feel free to contact Barbara Gracy or myself.

Sincerely,

HLW:bg