

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90284 028 \*\*\*150.00

**DOCUMENT # J35210**

1. Entity Name

**WINTER HAVEN LAND COMPANY**

Principal Place of Business

**135 HORIZON COURT  
 LAKELAND FL 33813  
 US**

Mailing Address

**135 HORIZON COURT  
 LAKELAND FL 33813  
 US**

2. Principal Place of Business

**6700 South Florida Ave**

3. Mailing Address

**P.O. BOX 7220**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Ste 1**

City & State

**Lakeland, FL**

City & State

**LAKELAND, FL**

Zip

**33813**

Country

**US**

Zip

**33807**

Country

**US**

6. Name and Address of Current Registered Agent

**ELLSWORTH, KENT C.  
 36815 CENTER AVE  
 DADE CITY FL 33525**

7. Name and Address of New Registered Agent

Name **ELLSWORTH, SUZANNE M.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6700 SOUTH FLORIDA AVE  
 STE. 1**  
 City **LAKELAND** **FL** Zip Code **33813**

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

*Suzanne M. Ellsworth*

**SUZANNE M. ELLSWORTH 4-16-02**

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, 2002 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 **PD** ☒ Delete  
 NAME **ELLSWORTH, KENT C.**  
 STREET ADDRESS **36815 CENTER AVE**  
 CITY-ST-ZIP **DADE CITY FL 33525**

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

TITLE **VPD** ☒ Delete  
 NAME **ELLSWORTH, W.W.M. I**  
 STREET ADDRESS **P.O. BOX 1466**  
 CITY-ST-ZIP **ANNA MARIA FL 34216**

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

TITLE **VPD** ☐ Delete  
 NAME **BADCOCK, MICHELLE E**  
 STREET ADDRESS **3529 CREWS LAKE DRIVE**  
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **VSD** ☒ Change ☐ Addition  
 NAME **BADCOCK, MICHELLE E.**  
 STREET ADDRESS **6700 S. Fla. Ave, Ste 1**  
 CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **VPD** ☐ Delete  
 NAME **ELLSWORTH, SUZANNE M**  
 STREET ADDRESS **3393 CREWS LAKE DRIVE**  
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **PTD** ☒ Change ☐ Addition  
 NAME **ELLSWORTH, SUZANNE M.**  
 STREET ADDRESS **6700 S. Fla. Ave, Ste 1**  
 CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ 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:

*Suzanne M. Ellsworth*

**SUZANNE M. ELLSWORTH 4-16-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-

647-5123

CR2E034 (9/01)