

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 13, 2000 8:00 am  
Secretary of State

03-13-2000 90063 009 \*\*\*150.00

DOCUMENT # J78813

1. Entity Name

PLANT CITY COMMERCIAL PARK, INC.

Principal Place of Business

Mailing Address

1407 E. BAKER STREET  
PLANT CITY FL 33566

1407 E. BAKER STREET  
PLANT CITY FL 33566-5803  
US

0 0 4 0 4 4

2. Principal Place of Business

3. Mailing Address

1202 Pinedale Dr  
Suite, Apt. #, etc.

1202 Pinedale Dr  
Suite, Apt. #, etc.

City & State  
Plant City FL  
Zip  
33566  
Country  
Hillsborough

City & State  
Plant City FL  
Zip  
33566  
Country  
Hillsborough

4. FEI Number 59-2824250

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

VORDERBERG, CHRIS  
1407 E. BAKER STREET  
PLANT CITY FL 33566

Name  
VORDERBURG, Chris  
Street Address (P.O. Box Number is Not Acceptable)  
1202 Pinedale Dr  
City  
Plant City FL Zip Code  
33566

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	P WYNN, CHARLES W. 1407 E. BAKER ST. PLANT CITY FL 33566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VORDERBURG, CHRIS 1407 E. BAKER STREET PLANT CITY FL 33566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres / DIRECTOR 1465 Sierra Vista Dr Prescott AZ 86303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec / DIRECTOR 1202 Pinedale Dr Plant City FL 33566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

CHARLES W. WYNN

3-7-00

520-708-9054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)