

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90081 011 \*\*\*\*61.25

**DOCUMENT # N00000007595**

1. Entity Name

**HISTORIC BARTOW, INC.**

Principal Place of Business

1085 EAST MANN ROAD  
 BARTOW FL 33830

Mailing Address

1085 EAST MANN ROAD  
 BARTOW FL 33830

2. Principal Place of Business

3. Mailing Address

**P.O. Box 1491**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Bartow FL**

4. FEI Number

**59-3685246**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33831**

**USA**

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

**DUNLAP, GEORGE T III**  
**1085 EAST MANN ROAD**  
**BARTOW FL 33830**

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 ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **WARREN, CHARLES B**  
 CITY-ST-ZIP **1085 EAST MANN ROAD**  
**BARTOW FL 33830**

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

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **LEWIS, CLIFTON P**  
 CITY-ST-ZIP **790 WALDON AVENUE**  
**BARTOW FL 33830**

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

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **HALLOCK, DAVID D SR.**  
 CITY-ST-ZIP **1355 SOUTH ORANGE AVENUE**  
**BARTOW FL 33830**

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

TITLE ☐ Delete  
 NAME **TD**  
 STREET ADDRESS **HARRIS, WILLIAM L.**  
 CITY-ST-ZIP **565 WEST PEARL STREET**  
**BARTOW FL 33830**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **WARREN, BERNICE S**  
 CITY-ST-ZIP **1085 EAST MANN ROAD**  
**BARTOW FL 33830**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **WRIGHT, FREDDIE T**  
 CITY-ST-ZIP **565 WEST PEARL STREET**  
**BARTOW FL 33830**

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

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**David D Hallock** 1/10/02 863/519-6723  
 Date Daytime Phone #

CR2E037 (9/01)