

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90117 002 ****61.25

DOCUMENT # N01000004509

1. Entity Name

WINTER HAVEN WARRIORS, INC.



Principal Place of Business

**186 WHITE CLIFF BLVD.
AUBURNDALE FL 33823**

Mailing Address

**186 WHITE CLIFF BLVD.
AUBURNDALE FL 33823**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3032984**

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

**ANDERSON, TONY
186 WHITE CLIFF BLVD.
AUBURNDALE FL 33823**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUZ, ELIMIO 318 THORNHILL ESTATE CT WINTER HAVEN FL 33880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHERY, PAMELA 49 COLEMAN RD WINTER HAVEN FL 33880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHERY, PAMELA 49 COLEMAN RD WINTER HAVEN FL 33880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILKERSON, GRETCHEN 4226 SHADOW WOOD RUN SW WINTER HAVEN FL 33880	<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"/> 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
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

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]* SIGNATURE REQUIRED

CR2E037 (10/02)

10034999
Division of Corporations

Uniform Business Report

Page 2

Document Number

N01000004509

Business Entity Name

WINTER HAVEN WARRIORS, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title PD
Name (Last, First, Middle, Title) CRUZ EMILIO
-or- Entity Name
Street Address 318 THORNHILL ESTATE CT
City, State WINTER HAVEN FL
Zip Code & Country 33880

Title VPD
Name (Last, First, Middle, Title) DUNLAP ROBERT III
-or- Entity Name
Street Address 2437 5TH STREET NE
City, State WINTER HAVEN FL
Zip Code & Country 33880

Title S
Name (Last, First, Middle, Title) CHERY PAMELA L
-or- Entity Name
Street Address 1054 29TH STREET NW
City, State WINTER HAVEN FL
Zip Code & Country 33881

Title T
Name (Last, First, Middle, Title) GUNTHER ELIZABETH

ATTACHMENT
10034999
NO1000004509

-or- Entity Name

Street Address

City, State

Zip Code & Country

2801 AVENUE U NW
WINTER HAVEN, FL
33881

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☒ Add additional Officers/Directors ☐ No additional Officers/Directors

An individual named above must type their name in the
'Officer/Director Signature' block below. A corporate name is not
allowed in this block.

Title

Officer/Director Signature

VPD

ROBERT DUNLAP, III

Continue

Reset

Start Over

Sunbiz Home Page**Public Access Help**