

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

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90045 034 \*\*\*\*61.25

**DOCUMENT # N02000007889**

1. Entity Name

**COMBEE AREA REVITALIZATION EFFORT, INC.**



Principal Place of Business

**2821 RALPH ROAD  
LAKELAND FL 33801**

Mailing Address

**2821 RALPH ROAD  
LAKELAND FL 33801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3750071**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HALL, ELSIE S  
2821 RALPH ROAD  
LAKELAND FL 33801**

7. Name and Address of New Registered Agent

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	<b>P</b> <b>UNHOLTZ, ADAM</b> <b>2711 WILLISTON DR.</b> <b>LAKELAND FL 33801</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>NIEB, LORNA</b> <b>2615 TANGLEWOOD LOT #4</b> <b>LAKELAND FL 33801</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TANTLINGER, BETTY</b> <b>2659 HEMPSTEAD DRIVE</b> <b>LAKELAND FL 33801</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HALL, ELSIE</b> <b>2821 RALPH ROAD</b> <b>LAKELAND FL 33801</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, HAROLD</b> <b>1636 TERRY ROAD</b> <b>LAKELAND FL 33801</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILLER, MARGIE</b> <b>2703 HEMPSTEAD DRIVE</b> <b>LAKELAND FL 33801</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NIEB, LORNA</b> <b>2615 TANGLEWOOD, LOT#4</b> <b>LAKELAND, FL 33801</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>JOHNSON, MARVIN</b> <b>1640 TERRY ROAD</b> <b>LAKELAND, FL 33801</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JOHNSON, CLAIRESE</b> <b>1640 TERRY ROAD</b> <b>LAKELAND, FL 33801</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HALL, ELSIE</b> <b>2821 RALPH ROAD</b> <b>LAKELAND, FL 33801</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUNT, CASSIE</b> <b>2659 HEMPSTEAD DR.</b> <b>LAKELAND, FL 33801</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TANTLINGER, BETTY</b> <b>2659 HEMPSTEAD DR.</b> <b>LAKELAND, FL 33801</b>	<input checked="" 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: **ELSA HALL**

**3-7-03 (863) 666-6105**

CR2E037 (10/02)