

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90006 008 ****61.25

DOCUMENT # N02805

1. Entity Name

POLK COUNTY MODEL RAILROAD BUILDERS ASSOCIATION.

Principal Place of Business

Mailing Address

7750 N SCENIC HWY
LAKE WALES FL 33853

7750 N SCENIC HWY
LAKE WALES FL 33853-6556

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3113661

Applied For
Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DOBLER, RICHARD
7750 N SCENIC HWY
LAKE WALES FL 33853**

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

TITLE Delete
NAME **D WILKES, JOHN**
STREET ADDRESS **2821 THORNHILL RD.**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE Delete
NAME **D MILLER, BOB**
STREET ADDRESS **207 AVE., I, S.E.**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE Delete
NAME **D DOBLER, RICHARD D.**
STREET ADDRESS **7750 N SCENIC HWY**
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE Delete
NAME **D ANDERSON, HARRY**
STREET ADDRESS **1210 N LAKE OTIS DR.**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Richard D. Dobler **RICHARD D. DOBLER** 1-19-00 863-499-20

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE