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

## DOCUMENT # N02805

1. Entity Name

## POLK COUNTY MODEL RAILROAD BUILDERS ASSOCIATION, INC.



## FILED Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90168 048 \*\*\*\*61.25

Principal Place of Business 7750 N SCENIC HWY LAKE WALES FL 33853		Mailing Address 7750 N SCENIC HWY LAKE WALES FL 33853					
2. Principal Place of B	Business	3. Mailing Address					
Suite, Apt. #, etc.				- 1 (00)/(0) 0)/ 0	INITE TIENT TRIIT BRIEF BITT OTRIT BINT WERT WERT	in enem enem 1881	
		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHAN	GES	
City & State		City & State		4. FEI Number 5	9-3113661	Applied For	
Zip	Country	Zip	Country	<del></del>		Not Applicab	
6. Na	me and Address of Curren	t Registered Agent		5. Certificate of S	Fee Red	Additional quired	
		Thegistered Agent	Name	7. Name and Add	dress of New Registered Agent		
DOBLER, RICHARD			The state of the s		The same of the sa		
7750 N SCENIC H			Street Addr	ess (P.O. Box Number is I	Not Acceptable)		
LAKE WALES FL 3	33853						
			City		<b>—</b> 7:07	Code	
8. The above named er	ntity submits this statement for	or the purpose of changing its	S registered effice	<u> </u>	the State of Florida. I am familiar w	-oae	
the obligations of reg	istered agent.	t para an analoging to	a registered office of feg	distered agent, or both, in	the State of Florida. I am familiar w	ith, and accept	
SIGNATURE Signature, tvp	ed or printed name of registered agent						
	or printed harte of registered agent	and title if applicable. (NOT	E: Registered Agent signature rec	quired when reinstating)	DATE		
FILE NO	W: FEE IS \$61.25	9. Election Car	mpaign Financing	\$5.00 May Be	Make Check Payab	l= 4-	
		Trust Fund (	Contribution.	Added to Fees	wake Check Payab	le to	
				Added to Fees	Florida Department o	f State	
0.	OFFICERS AND DIE	RECTORS			Florida Department o		
	OFFICERS AND DIF		11.				
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indicated on this report or 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 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

SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF DEPARTMENT OF OF D

2-24-03

863-449-78