

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06549

1. Entity Name

POLK COUNTY COUNCIL ON ECONOMIC EDUCATION, INC.

FILED

Mar 10, 2000 8:00 am  
Secretary of State

03-10-2000 90011 012 \*\*\*\*61.25

Principal Place of Business

Mailing Address

%JUDY E. JOHNSON  
35 LAKE MORTON DRIVE  
LAKELAND FL 33801

%JUDY E. JOHNSON  
35 LAKE MORTON DRIVE  
LAKELAND FL 33801-5342

2. Principal Place of Business

1237 East Orange

3. Mailing Address

P.O. Box 1930

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL 33801

City & State

Lakeland, FL 33802

4. FEI Number

59-2475819

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

JOHNSON, JUDY E.  
35 LAKE MORTON DRIVE  
LAKELAND FL 33801

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 D ☐ Delete  
NAME SIKES, CHRIS  
STREET ADDRESS 1434 FAIRHAVEN DRIVE  
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ Change ☒ Addition  
NAME Ernest Smith  
STREET ADDRESS State Road 60 By Pass  
CITY-ST-ZIP Bartow, FL 33830

TITLE CD ☐ Delete  
NAME HOLLIS, MARK C.  
STREET ADDRESS 1222 LAKE HOLLINGSWORTH DRIVE  
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ Change ☒ Addition  
NAME Tom Davidson  
STREET ADDRESS P.O. Box 800  
CITY-ST-ZIP Dundee, FL 33838

TITLE TD ☐ Delete  
NAME JEFFARES, DONALD J.  
STREET ADDRESS 5680 LAKE POINT BLVD.  
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ Change ☒ Addition  
NAME Howard LeVasseur  
STREET ADDRESS 175 5th Street SW  
CITY-ST-ZIP Winter Haven, FL 33880

TITLE D ☐ Delete  
NAME GLEN DAVIDSON  
STREET ADDRESS 210 HIGHWAY 27  
CITY-ST-ZIP DUNDEE FL 33838

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

TITLE D ☐ Delete  
NAME MOORE, THOMAS W., JR.  
STREET ADDRESS 2025 SYLVESTER ROAD  
CITY-ST-ZIP LAKELAND FL

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

TITLE D ☐ Delete  
NAME NORTON, KELLY  
STREET ADDRESS 1214 BRIGHTON WAY  
CITY-ST-ZIP LAKELAND FL 33813

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-00

863-687-2141

Date

Daytime Phone #

CR2E037 (9/99)