

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06549

1. Entity Name

POLK COUNTY COUNCIL ON ECONOMIC EDUCATION, INC.

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90121 032 ****61.25

Principal Place of Business

Mailing Address

c/o Citrus & Chemical Bank

Judy Johnson

6150 S. Florida Avenue

Lakeland, FL 33813

Judy E. Johnson

P.C.C.E.E.

P.O. Box 7374

Lakeland, FL 33807-7374

2. Principal Place of Business

6150 S. Florida Ave.

3. Mailing Address

P.O. Box 7374

Suite, Apt. #, etc.

Suite, Apt. #, etc.

00046902

DO NOT WRITE IN THIS SPACE

City & State Lakeland, FL 33813		City & State Lakeland, FL 33807-7374		4. FEI Number 59-2475819	Applied For <input type="checkbox"/> Not Applicable
Zip 33813	Country USA	Zip 33807-7374	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Johnson, Judy E.
P.O. Box 7374
Lakeland, FL 33807-7374 OR
6150 S. Florida Ave.
Lakeland, FL 33813

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 NAME STREET ADDRESS CITY-ST-ZIP	D Sikes, Chris 1434 Fairhaven Dr. Lakeland, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ernest Smith State Road 60 Bypass Bartow, FL 33830 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Mark C. Hollis 1834 Harden Blvd. Lakeland, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tom Davidson P.O. Box 800 Dundee, FL 33838 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Donald J. Jeffares 5660 Lake Point Blvd. Lakeland, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Howard LeVasseur 175 5th Street SW Winter Haven, FL 33880 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Glen Davidson 210 Highway 27 Dundee, FL 33838 <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	D Thomas W. Moore, Jr. 2025 Sylvester Road Lakeland, FL 33803 <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	D Kelly Norton 1214 Brighton Way Lakeland, FL 33813 <input type="checkbox"/> Delete	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-01 (863) 644-9300

CR2E037 (11/00)