

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N06549**

1. Entity Name

POLK COUNTY COUNCIL ON ECONOMIC EDUCATION, INC.

Principal Place of Business

**6150 S. FLORIDA AVE.
LAKE LAND FL 33813**

Mailing Address

**P.O. BOX 7374
LAKE LAND FL 33807-7374**

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

59-2475819

Applied For

Not Applicable

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.
P.O. BOX 7374
6150 S. FLORIDA AVE
LAKE LAND 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 \$61.259. 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 **LAKE LAND FL**TITLE **D** ☐ Change ☒ Addition
NAME **Howard LeVasseur**
STREET ADDRESS **146 Avenue B NW**
CITY-ST-ZIP **Winter Haven, FL**TITLE **CD** ☐ Delete
NAME **HOLLIS, MARK C.**
STREET ADDRESS **1222 LAKE HOLLINGSWORTH DRIVE**
CITY-ST-ZIP **LAKE LAND FL**TITLE **D** ☐ Change ☒ Addition
NAME **Ernest Smith**
STREET ADDRESS **State Road 60 By Pass**
CITY-ST-ZIP **Bartow, FL**TITLE **TD** ☐ Delete
NAME **JEFFARES, DONALD J.**
STREET ADDRESS **5660 LAKE POINT BLVD.**
CITY-ST-ZIP **LAKE LAND FL**TITLE **D** ☐ Change ☒ Addition
NAME **Melinda Herrin**
STREET ADDRESS **4420 US 98 North**
CITY-ST-ZIP **Lakeland, FL**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-ZIPTITLE **D** ☐ Delete
NAME **MOORE, THOMAS W., JR.**
STREET ADDRESS **2025 SYLVESTER ROAD**
CITY-ST-ZIP **LAKE LAND FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **NORTON, KELLY**
STREET ADDRESS **1214 BRIGHTON WAY**
CITY-ST-ZIP **LAKE LAND 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

Date

Daytime Phone #

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90009 050 ****61.25



DO NOT WRITE IN THIS SPACE

0044612

CR2E037 (9/01)