

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90230 017 ****61.25

DOCUMENT # N20313

1. Entity Name

PEACE RIVER VILLAGERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% ELLEN SAMMONS
2405 HWY 60 E. #77
BARTOW FL 33830
US

% ELLEN SAMMONS
2405 HWY 60 E. #77
BARTOW FL 33830
US

020184



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

% Ellen Sammons
Suite, Apt. #, etc.
2405 Hwy 60 E. #77

Suite, Apt. #, etc.

City & State
BARTOW, FL

City & State

Zip
33830

Country
FL

Zip

Country

4. FEI Number

59-2796391

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

PRINE, BEVERLY
2405 HWY 60 E
#11
BARTOW FL 33830

Name

M.G. Cornwell

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

2405 Hwy 60 E. #78

City

BARTOW

FL

Zip Code

33830

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

2/23/00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	PRINE, BEVERLY	
STREET ADDRESS	2405 HWY 60 E, #11	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SCHAFER, DONNA	
STREET ADDRESS	2405 HWY 60 E, #46	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SAMMONS, ELLEN	
STREET ADDRESS	2405 HWY 60 E, #77	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEVERE, RUBY	
STREET ADDRESS	2405 3 HWY 60 LOT 22	
CITY-ST-ZIP	BARTOW FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M.G. Cornwell	
STREET ADDRESS	2405 Hwy 60 E, #78	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christine De Reus	
STREET ADDRESS	2405 Hwy 60 E, #73	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Juanita Bush	
STREET ADDRESS	2405 Hwy 60 E, #46	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beverly Prine	
STREET ADDRESS	2405 Hwy 60 E, #11	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

M.G. Cornwell 2/23/00

CR2E037 (9/99)