## 2002 UNIFORM BUSINESS REPORT (UBR) FILED May 15, 2002 8:00 am Secretary of State **DOCUMENT # N20313** 1. Entity Name PEACE RIVER VILLAGERS ASSOCIATION, INC. 05-15-2002 90099 021 \*\*\*\*61.25 Principal Place of Business Mailing Address % ELLEN SAMMONS % ELLEN SAMMONS 2405 HWY 60 E. #77 2405 HWY 60 E. #77 BARTOW FL 33830 BARTOW FL 33830 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2796391 Zip Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORNWELL, M G Street Address (P.O. Box Number is Not Acceptable) 2405 HWY 60 E **#**78 BARTOW FL 33830 City Zip Code FL 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. क्षेत्राभित्रं द्वा प्रदेश । SIGNATURE . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE, NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. 医肾髓机 医白额 Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE NAME CORNWELL, M.G. ☐ Addition NAME STREET ADDRESS 2405 HWY 60 E #78 STREET ADDRESS CITY-ST-ZIP BARTOW FL 33830 CITY-ST-ZIP # TITLE ☐ Delete TITLE NAME DE REUS, CHRISTINE ☐ Change ☐ Addition NAME STREET ADDRESS 2405 HWY 60 E #73 STREET ADDRESS CITY-ST-ZIP BARTOW FL 33830 CITY-ST-ZIP 1 STD TITLE ☐ Delete TITLE NAME Change SAMMONS, ELLEN ☐ Addition NAME STREET ADDRESS 2405 HWY 60 E, #77. STREET ADDRESS CITY-ST-ZIP BARTOW FL 33830 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change

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

NAME

TITLE

TITLE

NAME

Delete

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STREET ADDRESS

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SIGNATURE:

NAME

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CITY-ST-ZIP

BUSH, JUANITA

2405 HWY 60 E #46

BARTOW FL 33830

2405 HWY 60 E #11

BARTOW FL 33830

PRINE, BEVERLY

D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/02 863-533-1761

Addition

☐ Addition

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Change

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