

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21830

1. Entity Name

POLK COUNTY CHRISTMAS ANGELS, INC.

Principal Place of Business

5115 N. Socrum Loop #454
1025 SOUTH COMBEE ROAD
P.O. BOX 4
LAKELAND FL 33802-0004

Mailing Address

1025 SOUTH COMBEE ROAD
P.O. BOX 4
LAKELAND FL 33802-0004

FILED

01 JAN 18 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

59-2871301

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

MORRISON, JOSEPH A
5410 S. FLORIDA AVENUE, SD
LAKELAND FL 33803

Name

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

3500 South FLORIDA AVE., STE. 3

FL

Zip Code

33803

8. The above named entity submits this statement for the purpose of changing 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

1-12-01

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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
NAME TOLEDO, SANDRA
STREET ADDRESS P.O. BOX 4 N/A
CITY-ST-ZIP LAKELAND FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

800003582808--8
-01/26/01--01156--007
*****236.25 *****236.25

TITLE VD
NAME MCBRIDE, SHIRLEY HILL
STREET ADDRESS 1038 N MADISON
CITY-ST-ZIP LAKELAND FL 33801

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

800003582808--8
-01/26/01--01156--008
*****61.25 *****61.25

TITLE VD
NAME RIZER, ROBERT
STREET ADDRESS 116 PAINE DRIVE
CITY-ST-ZIP WINTER HAVEN FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

800003582808--8
-01/26/01--01156--008
*****61.25 *****61.25

TITLE STD
NAME HARRINGTON, JUDY
STREET ADDRESS P.O. BOX 3804 N/A
CITY-ST-ZIP LAKELAND FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME TOLEDO, DAVID
STREET ADDRESS 5115 N. SOCRUM LOOP RD. #454
CITY-ST-ZIP LAKELAND FL 33809

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME MCDONALD, RANDALL
STREET ADDRESS 1311 ROBINHOOD LANE
CITY-ST-ZIP LAKELAND FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Sandra Toledo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/00

863-619-4240

Date

Daytime Phone #

CR2E037 (5/00)