

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23407

1. Entity Name

POLK CITY GRANGE, NO. 212 INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90002 021 ****61.25

Principal Place of Business

BEATRICE KINNEY
LAKELAND FL 33810
US

Mailing Address

3143 ORANGE GROVE CT
LAKELAND FL 33810-4761
US

2. Principal Place of Business

BETTY HUNT

3. Mailing Address

752 N. CITRUS GROVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POLK CITY FL

City & State

POLK CITY FL

Zip

33868

Country

POLK

Zip

33868

Country

POLK



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2969222

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KINNEY, BEATRICE S
3143 ORANGE GROVE CT
LAKELAND FL 33810

7. Name and Address of New Registered Agent

Name

BETTY HUNT

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

752 N. CITRUS GROVE BLVD

City

POLK CITY

FL

Zip Code

33868

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

BETTY HUNT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-14-2000

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

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HARDING, SKIP	
STREET ADDRESS	PO BOX 451238	
CITY-ST-ZIP	KISSISSIMEE FL 45745	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	AKIN, DENNIS	
STREET ADDRESS	5339 GRIMES RD	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KINNEY, BEATRICE	
STREET ADDRESS	3143 ORANGE GROVE CT	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARNOLD, HELEN	
STREET ADDRESS	PO BOX 296	
CITY-ST-ZIP	EATEN PARK FL 33840	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRBY, JESSIE	
STREET ADDRESS	4350 BRIARWOOD CIR NW	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	D	<input type="checkbox"/> Delete
NAME	COY, DILLARD	
STREET ADDRESS	728 CITRUS CIR	
CITY-ST-ZIP	POLK CITY FL 33868	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH MAYNARD	
STREET ADDRESS	9451 VOYLES LOOP	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIS NEFF	
STREET ADDRESS	752 N. CITRUS GROVE BLVD	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY HUNT	
STREET ADDRESS	752 N. CITRUS GROVE BLVD	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

BIGATYREHUNTER Betty Hunt

2-14-2000

941-984-2886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)