

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90073 018 \*\*\*\*61.25

**DOCUMENT # N24004**

1. Entity Name

**IMPROVEMENT LEAGUE OF PLANT CITY, INCORPORATED**

Principal Place of Business

Mailing Address

111 S GIBBS  
 PLANT CITY FL 33566  
 US

P.O. BOX 3962  
 PLANT CITY FL 33564-3962



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2878029**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TAYLOR, THEODORE M.**  
**111 E. REYNOLDS STREET**  
**PLANT CITY FL 33568**

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 \$61.25**

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	P	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, WILLIAM M	
STREET ADDRESS	5602 JOE KING RD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREDRICK BRUNSON	
STREET ADDRESS	2107 BEAL RD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ANGELA JOSEPH	
STREET ADDRESS	1707 W BALL ST	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, EDDIE	
STREET ADDRESS	1702 EAST ALABAMA ST.	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY JOHNSON	
STREET ADDRESS	913 E MLK BLVD	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAVIS, HENRY M	
STREET ADDRESS	2107 E. BEAL RD	
CITY-ST-ZIP	PLANT CITY FL	

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leista Sykes	Plant City, FL
STREET ADDRESS	1109 W. Ball Street	33566
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William M. Thomas Sr.	
STREET ADDRESS	5602 Joe King Rd.	
CITY-ST-ZIP	Plant City, FL 33567	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Danell Johnson	
STREET ADDRESS	913 E. MLK Blvd.	
CITY-ST-ZIP	Plant City, FL 33566	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eddie Brooks	
STREET ADDRESS	1702 E. Alabama St.	
CITY-ST-ZIP	Plant City, FL 33566	
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 another like empowered.

SIGNATURE:

*Leista Sykes*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

813-740-3800

Date

Daytime Phone #

CR2E037 (9/99)