

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

09-05-2001 90026 042 \*\*\*\*61.25

0011092

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

2. Principal Place of Business

3. Mailing Address

1111 S. Gibbs St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plant City, FL

City & State

Zip

33566

Country

Zip

Country

4. FEI Number

59-2878029

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, THEODORE N.  
 111 E. REYNOLDS STREET  
 PLANT CITY FL 33566

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  
 After September 12, 2001, 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	P	<input type="checkbox"/> Delete
NAME	SYKES, LEISTA	
STREET ADDRESS	1109 W BALL ST	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THOMAS, WILLIAM M SR	
STREET ADDRESS	1109 W BALL ST	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, JANELL	
STREET ADDRESS	913 E MLK BLVD	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 its 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: *Dwight Thomas* Board Secretary  
 Gwendolyn Thomas 20 Aug 01 813 737-2004

CR2E037 (5/01)