

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26184

1. Entity Name

POLK, HARDEE AND HIGHLANDS AIDS SERVICES AND EDU

Principal Place of Business

2050 HAVENDALE BLVD NW
WINTER HAVEN FL 33881
US

Mailing Address

2050 HAVENDALE BLVD NW
WINTER HAVEN FL 33881-3817
US

2. Principal Place of Business

3. Mailing Address

~~RD 540A~~ COUNTY RD 540A

PO BOX 7755

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND FL

City & State

LAKELAND FL

Zip

33813

Country

POLK

Zip

33813-7755

Country

POLK

4. FEI Number

59-2907200

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

MURPHY, MICHAEL
4955 GRAND BLVD
LAKELAND FL 33813

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 ☐ Delete
NAME D
STREET ADDRESS HODGES, RICHY T
CITY-ST-ZIP 4955 GRAND BLVD
LAKELAND FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME PD
STREET ADDRESS WOODARD, CARLOYN
CITY-ST-ZIP P.O. BOX 8035 N/A
LAKELAND FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME TD
STREET ADDRESS MURPHY, MICHAEL
CITY-ST-ZIP 4955 GRAND BLVD
LAKELAND FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS CULBERT, VIRGINIA
CITY-ST-ZIP 235 CHAUCER LANE
WINTER HAVEN FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 May 2000

863-425-0173

Date

Daytime Phone #

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90011 021 ****61.95



DO NOT WRITE IN THIS SPACE