

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30851

1. Entity Name

HY-TEK FOUNDATION FOR THE DISABLED, INC.

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90032 008 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O WILLIAM R. BATEMAN  
121 BROWNING CIRCLE SE  
WINTER HAVEN FL 33884

C/O WILLIAM R. BATEMAN  
121 BROWNING CIRCLE SE  
WINTER HAVEN FL 33884-2334



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

58-9159005

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

BATEMAN, WILLIAM R.  
121 BROWNING CIRCLE SE  
WINTER HAVEN FL 33884

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 PD  
NAME BATEMAN, WILLIAM R.  
STREET ADDRESS 121 BROWNING CIRCLE SE  
CITY-ST-ZIP WINTER HAVEN FL ☐ Delete

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

TITLE D  
NAME BATEMAN, NEAL R.  
STREET ADDRESS 121 BROWNING CIRCLE SE  
CITY-ST-ZIP WINTER HAVEN FL ☒ Delete

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

TITLE TD  
NAME BATEMAN, DEAN K.  
STREET ADDRESS 121 BROWNING CIRCLE SE  
CITY-ST-ZIP WINTER HAVEN FL ☐ Delete

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

TITLE SD  
NAME BATEMAN, SUZANNE E.  
STREET ADDRESS 121 BROWNING CIRCLE SE  
CITY-ST-ZIP WINTER HAVEN FL ☐ Delete

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

TITLE D  
NAME ANDERSON, GLENN  
STREET ADDRESS 1128 FIRST ST SOUTH  
CITY-ST-ZIP WINTER HAVEN FL ☐ Delete

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

TITLE D  
NAME DUNCAN, LORRAINE  
STREET ADDRESS 113 LAKE FLORENCE DRIVE NO  
CITY-ST-ZIP WINTER HAVEN FL ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
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:

*William R. Bateman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-324-1117

CR2E037 (9/99)