

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**  
 03-25-2002 90101 014 \*\*\*\*61.25

**DOCUMENT # N30851**

1. Entity Name

**HY-TEK FOUNDATION FOR THE DISABLED, INC.**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**58-9159005**

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

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

TITLE D (Member, Board of Directors) ☐ Change ☒ Addition  
 NAME Vincent Dennis Taylor  
 STREET ADDRESS 5225 Timberlane Road  
 CITY-ST-ZIP Lake Wales, FL 33898 ☐ Change ☐ Addition

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

TITLE D (Member, Board of Directors) ☐ Change ☒ Addition  
 NAME Andra Lou McCollough  
 STREET ADDRESS 5225 Timberlane Road  
 CITY-ST-ZIP Lake Wales, FL ☐ Change ☐ Addition

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

TITLE D (Member, Board of Directors) ☐ Change ☒ Addition  
 NAME Andra Lou McCollough  
 STREET ADDRESS 5225 Timberlane Road  
 CITY-ST-ZIP Lake Wales, FL ☐ Change ☐ Addition

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

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

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William R. Bateman* Jan 7 2002  
 Date

(863) 324-1117

CR2E037 (9/01)

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

ATTACH  
DOC# N30851  
427087

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

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

**FEE IS \$61.25  
Initial or Amended UBR**

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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

CR2E037B (12/01)

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**SIGNATURE:**



ATTACH DOC# N30851

427087

♥ Heart of Free Enterprise

March 11, 2002

Division of Corporations  
Uniform Business Report Filings  
PO Box 6327  
Tallahassee, FL 32314-1500

Attention: K. Whited

Dear sir:

Thank you for helping us. We finally found the UBR (it had been misfiled). I completed it. It is enclosed herewith along with our check for \$61.25 made out to the Dept. of State of FL.

I also enclosed the form which you had kindly sent to me. In brief, the UBR shows one deletion (Glenn Anderson) and two additions: Vincent Dennis Taylor and Andra Lou McCollough) both of Lake Wales, FL. I hope that we have complied correctly. Would appreciate even a short note saying that all is now o.k.

Again, many thanks,

*William R. Bateman*

William R. Bateman  
President, CEO, Creator

WRB:wrb