

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32519

1. Entity Name

POLK COUNTY RAILS TO TRAILS, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90165 035 \*\*\*\*61.25

Principal Place of Business Mailing Address  
C/O H. BOLLEY C/O H. BOLLEY  
1513 SR 559 1513 SR 559  
POLK CITY FL 33868 POLK CITY FL 33868

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2944280

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

WILSON, KERRY M.  
141 5TH STREET N W  
#300  
WINTER HAVEN FL FL 33881

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 DP ☐ Delete  
NAME BOLLEY, HENRY S.  
STREET ADDRESS 1513 SR 559  
CITY-ST-ZIP POLK CITY FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 33868  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ANGUS, BOB  
STREET ADDRESS 1362 HAVENDALE BLVD N W  
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE Director/V.P. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME PASSMORE, ANN  
STREET ADDRESS 2229 DREXEL BLVD  
CITY-ST-ZIP AUBURNDAL FL

TITLE Director/Treasurer ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 33823  
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

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: Ann Passmore SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-00 (863) 293-9353 Date Daytime Phone #

CR2E037 (9/99)