

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2002 8:00 am**  
**Secretary of State**

03-15-2002 90024 014 \*\*\*\*61.25

**DOCUMENT # N32519**

1. Entity Name

**POLK COUNTY RAILS TO TRAILS, INC.**

Principal Place of Business

**C/O H. BOLLEY  
 1513 SR 559  
 POLK CITY FL 33868**

Mailing Address

**C/O H. BOLLEY  
 1513 SR 559  
 POLK CITY FL 33868**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2944280**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New 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

**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

TITLE NAME	<b>DP BOLLEY, HENRY S.</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1513 SR 559</b>	
CITY-ST-ZIP	<b>POLK CITY FL 33868</b>	
TITLE NAME	<b>DV ANGUS, BOB</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1362 HAVENDALE BLVD N W</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>	
TITLE NAME	<b>DT PASSMORE, ANN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2229 DREXEL BLVD</b>	
CITY-ST-ZIP	<b>AUBURNDAL FL 33823</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Ann Passmore* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-3-02 (863) 293-9353**

Date

Daytime Phone #

CR2E037 (9/01)