

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33955

1. Entity Name

WITHLACOOCHEE CRIME WATCH, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90031 036 ****61.25

Principal Place of Business

Mailing Address

167 HWY. 40 WEST
P. P. BOX 65
INGLIS FL 34449-0065
US

167 HWY. 40 WEST
P. P. BOX 65
INGLIS FL 34449-0065
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

TAYLOR, CHARLES W
10910 SE 201 ST
INGLIS FL 34449

Name

SHARON REID

Street Address (P.O. Box Number is Not Acceptable)

31 S. Schoolcraft Dr.

City

INGLIS

FL

Zip Code

34449

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

SHARON REID Treasurer Sharon Reid

April 27, 2000

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 D ☒ Delete
NAME WAHL, RICHARD
STREET ADDRESS 217 SAPP ST
CITY-ST-ZIP INGLIS FL

TITLE Sue Ellen Marsh ☐ Change ☒ Addition
NAME 35 Shearer St
STREET ADDRESS INGLIS, FL 34449
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MINTON, DALE
STREET ADDRESS 9 PALM DR
CITY-ST-ZIP YANKEETOWN FL 34489

TITLE S D ☐ Change ☒ Addition
NAME Shirley Kubisiek
STREET ADDRESS 29 Magnolia Ave
CITY-ST-ZIP YANKEETOWN, FL 34498

TITLE VD ☐ Delete
NAME KUBISTEK, ROBERT
STREET ADDRESS 29 MAGNOLIA AVE
CITY-ST-ZIP YANKEETOWN FL 34498

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

TITLE P ☐ Delete
NAME CLACHER, FRED
STREET ADDRESS 6 MAGNOLIA AVE.
CITY-ST-ZIP YANKEETOWN FL 34498

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

TITLE D ☐ Delete
NAME TAYLOR, SALLY
STREET ADDRESS 10910 SE 201 ST
CITY-ST-ZIP INGLIS FL 34449

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

TITLE TD ☒ Delete
NAME TAYLOR, CHARLES W
STREET ADDRESS 10910 SE 201 ST.
CITY-ST-ZIP INGLIS FL 3449

TITLE T D ☐ Change ☒ Addition
NAME Sharon Reid
STREET ADDRESS 31 S Schoolcraft Dr
CITY-ST-ZIP Inglis, FL 34449

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

4-27-00 (352) 447-1180

Date

Daytime Phone #

CR2E037 (9/99)