

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90116 047 ****61.25

DOCUMENT # N33955

1. Entity Name

WITHLACOOCHEE CRIME WATCH, INC.

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

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

**REID, SHARON
31 S SCHOOLCRAFT DR
INGLIS FL 34449**

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	SD	<input type="checkbox"/> Delete
NAME	KUBISTER, SHIRLEY	
STREET ADDRESS	29 MAGNOLIA AVE	
CITY-ST-ZIP	YANKEETOWN FL 34498	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSH, SUELLEN	
STREET ADDRESS	35 SHEARER ST	
CITY-ST-ZIP	INGLIS FL 34449	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KUBISTEK, ROBERT	
STREET ADDRESS	29 MAGNOLIA AVE	
CITY-ST-ZIP	YANKEETOWN FL 34498	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TAYLOR, SALLY	
STREET ADDRESS	10910 SE 201 ST	
CITY-ST-ZIP	INGLIS FL 34449	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, CHARLES	
STREET ADDRESS	10910 SE 201 ST.	
CITY-ST-ZIP	INGLIS FL 3449	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Shirley Kubister
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/02 *352-447-0718*
Date Daytime Phone #

CR2E037 (9/01)