

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90415 050 ****61.25

DOCUMENT # N33955

1. Entity Name

WITHLACOOCHEE CRIME WATCH, INC.



Principal Place of Business

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

Mailing Address

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
NAME **KUBISTER, SHIRLEY**
STREET ADDRESS **29 MAGNOLIA AVE**
CITY-ST-ZIP **YANKEETOWN FL 34498**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **TOWNSEND, JOAN**
STREET ADDRESS **30 60th ST.**
CITY-ST-ZIP **YANKEETOWN, FL 34498**

TITLE **D** ☐ Delete
NAME **MARSH, SUELLEN**
STREET ADDRESS **35 SHEARER ST**
CITY-ST-ZIP **INGLIS FL 34449**

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

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 **TD** ☐ 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 **D** ☐ Delete
NAME **TAYLOR, CHARLES**
STREET ADDRESS **10910 SE 201 ST.**
CITY-ST-ZIP **INGLIS FL 3449**

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:

Sally Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03 352-447-0718

CR2E037 (10/02)