

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90109 010 ****61.25

DOCUMENT # N36241

1. Entity Name

AUBURNDAL MAINSTREET REDEVELOPMENT ASSOCIATION,

Principal Place of Business

Mailing Address

111 EAST PARK STREET
 AUBURNDAL FL 33823
 US

111 EAST PARK STREET
 AUBURNDAL FL 33823-3406
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3022137

Applied For

Not Applied For

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

LIPPINCOTT, KEN
111 EAST PARK STREET
AUBURNDAL FL 33823

Name

Butler, Fred

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

111 East Park St.

City

Auburndale,

FL

Zip Code
33823

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-2000

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	DP	<input checked="" type="checkbox"/> Delete
NAME	LIPPINCOTT, KEN	
STREET ADDRESS	111 EAST PARK STREET	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	DPE	<input type="checkbox"/> Delete
NAME	BUTLER, FRED	
STREET ADDRESS	111 EAST PARK STREET	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WOLFE, JOHN	
STREET ADDRESS	111 EAST PARK STREET	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	T	<input type="checkbox"/> Delete
NAME	FORRESTER, SHARON O	
STREET ADDRESS	111 EAST PARK STREET	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	FS	<input type="checkbox"/> Delete
NAME	WILKINS, PAT	
STREET ADDRESS	111 EAST PARK STREET	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Butler, Fred	
STREET ADDRESS	111 E. Park St.	
CITY-ST-ZIP	Auburndale, FL 33823-3496	
TITLE	DPE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harper, Sharon	
STREET ADDRESS	111 E. Park St.	
CITY-ST-ZIP	Auburndale, FL 33823-3496	
TITLE	DVPF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wolfe, John	
STREET ADDRESS	111 E. Park St.	
CITY-ST-ZIP	Auburndale, FL 33823-3496	
TITLE	DVPA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wiley, Marvin	
STREET ADDRESS	111 E. Park St.	
CITY-ST-ZIP	Auburndale, FL 33823-3496	
TITLE	FS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilkins, Pat	
STREET ADDRESS	111 E. Park St.	
CITY-ST-ZIP	Auburndale, FL 33823-3496	
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:

[Signature] **REQUIRED Butler**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-2000