

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37183

1. Entity Name

OLIVE BRANCH RECREATION CENTER, INC.

Principal Place of Business

5340 DUEY RD
P. O. BOX 1234
POLK CITY FL 33868
US

Mailing Address

5340 DUEY RD
P.O. BOX 1234
POLK CITY FL 33868
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WOJDA, LOIS M
5237 REVELATION DR
POLK CITY FL 33868

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 PD
NAME HAY, HAZEN
STREET ADDRESS 5243 GOLDEN GATE BLVD
CITY-ST-ZIP POLK CITY FL 33868 ☒ Delete

TITLE VD
NAME STEINWACHS, CLAYTON
STREET ADDRESS 5524 GOLDEN GATE BLVD
CITY-ST-ZIP POLK CITY FL 33868 ☒ Delete

TITLE SD
NAME WOJDA, LOIS M
STREET ADDRESS 5237 REVELATION DR
CITY-ST-ZIP POLK CITY FL 33868 ☐ Delete

TITLE T
NAME WHALEN, EARL M
STREET ADDRESS 5414 GOLDEN GATE BLVD
CITY-ST-ZIP POLK CITY FL 33868 ☐ Delete

TITLE D
NAME KIMBALL, DORENE
STREET ADDRESS 4909 SHORELINE DR
CITY-ST-ZIP POLK CITY FL 33868 ☒ Delete

TITLE D
NAME MESSINA, JOSEPH
STREET ADDRESS 5506 JERICHO AVE
CITY-ST-ZIP POLK CITY FL 33868 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LAGROW, JERRY
STREET ADDRESS 9020 SARAH DR.
CITY-ST-ZIP POLK CITY, FL 33868 ☐ Change ☒ Addition

TITLE VD
NAME KIMBALL, EARL
STREET ADDRESS 4909 SHORELINE DR
CITY-ST-ZIP POLK CITY, FL 33868 ☐ Change ☒ Addition

TITLE S
NAME S
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☒ Addition

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

TITLE D
NAME TURNER, HARRY
STREET ADDRESS 9033 SARAH DR
CITY-ST-ZIP POLK CITY, FL 33868 ☐ Change ☒ Addition

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

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 of Lois M. Wajda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-2001 (863) 984-3561
Date Daytime Phone #

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90020 022 *****70.00

928279



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3008022 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

CR2E037 (10/00)