

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**  
 03-25-2002 90192 030 \*\*\*\*61.25

**DOCUMENT # N37455**

1. Entity Name

**VINELAND CENTER OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**%ROBERT E. MILLER**  
**5280 DUNDEE ROAD**  
**WINTER HAVEN FL 33884-1188**

**PO BOX 1981**  
**WINTER HAVEN FL 33883-1981**

2. Principal Place of Business

**1771 Executive Road**

Suite, Apt. #, etc.

3. Mailing Address

**1771 Executive Road**

Suite, Apt. #, etc.

City & State

**Winter Haven, Florida**

City & State

**Winter Haven, Florida**

4. FEI Number

**59-3131437**

Applied For

Not Applicable

Zip

Country

**33884**

Zip

Country

**33884**

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

**MILLER, ROBERT E.**  
**5280 DUNDEE ROAD**  
**WINTER HAVEN FL 33880**

Name

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

**1771 Executive Road**

City

**Winter Haven**

**FL**

Zip Code  
**33884**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MILLER, ROBERT E.</b> <b>5280 DUNDEE ROAD</b> <b>WINTER HAVEN FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>MILLER, GAY</b> <b>5280 DUNDEE ROAD</b> <b>WINTER HAVEN FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAKER, STEPHEN F.</b> <b>565 AVENUE K, SE</b> <b>WINTER HAVEN FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1771 Executive Road</b> <b>Winter Haven, FL 33884</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1771 Executive Road</b> <b>Winter Haven, FL 33884</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>800 1st Street, South</b> <b>Winter Haven, FL 33880</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GAY R. MILLER**

**3-15-02**

**863-824-6591**

Date

Daytime Phone #

CR2E037 (9/01)