

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N39739**

1. Entity Name

**DISTRICT TEN, INC.**

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90188 013 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**820 S. FLORIDA AVENUE  
 LAKELAND FL 33801**

**820 S. FLORIDA AVENUE  
 LAKELAND FL 33801-5209**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3027517**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RILEY, SUE  
 820 S FLORIDA AVE  
 LAKELAND FL 33801**

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: PD  Delete  
 NAME: SECKEL, LARRY  
 STREET ADDRESS: 290 CYPRESS GARDENS BLVD  
 CITY-ST-ZIP: WINTER HAVEN FL 33880

TITLE: District Vice President  Change  Addition  
 NAME: Tubb, Joyce  
 STREET ADDRESS: P.O. Box 7083  
 CITY-ST-ZIP: Lakeland, Fl 33807

TITLE: TSD  Delete  
 NAME: WEST, ZELDA  
 STREET ADDRESS: 5929 HIGHWAY 98 NORTH  
 CITY-ST-ZIP: LAKELAND FL

TITLE: Treasurer  Change  Addition  
 NAME: West, Zelda  
 STREET ADDRESS: 5929 Highway 98 North  
 CITY-ST-ZIP: Lakeland, Fl

TITLE: D  Delete  
 NAME: DANTZLER, TODD  
 STREET ADDRESS: 62 4TH ST NW  
 CITY-ST-ZIP: WINTER HAVEN F

TITLE: Director  Change  Addition  
 NAME: Seckel, Larry  
 STREET ADDRESS: 290 Cypress Gardens Blvd  
 CITY-ST-ZIP: Winter Haven, Fl 33880

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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:

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: *Sue Riley* **SUE RILEY** *01/10/2000* *687-6111*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)