

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90062 028 ****61.25

DOCUMENT # N40116

1. Entity Name

FLORIDA CHRISTMAS CONFERENCE, INC.

Principal Place of Business

Mailing Address

FLORIDA CHRISTMAS CONFERENCE INC.
 5815-4 SCOTT LAKE RD.
 LAKELAND FL 33813
 US

FLORIDA CHRISTMAS CONFERENCE INC.
 P.O. BOX 6651
 LAKELAND FL 33807-6651
 US

2. Principal Place of Business

3. Mailing Address

5321 N. GALLOWAY RD

PO BOX 911

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

Kathleen, FL

Zip

33810

Country

US

Zip

33849

Country

US

4. FEI Number

59-3036828

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

Name

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

City

FL

Zip Code

POLLOCK, THOMAS J JR.
5321 N. GALLOWAY RD.
LAKELAND FL 33810

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

Thomas J. Pollock Jr. **THOMAS J. POLLOCK JR**

4/24/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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	DVP POLLOCK, TOMMY 5321 N GALLOWAY RD LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCGARVEY, SUSAN 1385 FOREST PARK ST LAKELAND FL 33803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCGARVEY, SUSAN 5175 PHESASANT DR. MULBERRY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RYAL, JIM 2241 MAPLE HILL DR LAKELAND FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FRY, TINA 434 CARLETON ST LAKELAND FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEDLEY, DARRYL 516 W. PALM DR. LAKELAND FL 33803	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Schrader, Greg 1553 Yeomans Path LAKELAND, FL 33809	<input type="checkbox"/> Change <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Pinner, Norma 3810 Country Rd LAKELAND, FL 33811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEDLEY, DARRYL 2302 NORETTA LN LAKELAND, FL 33811	<input checked="" 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 those empowered.

SIGNATURE:

DARRYL MEDLEY

4/24/00 863-858-4878 EXT 3

CR2E037 (9/99)