

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47982

1. Entity Name

VOICE TO THE NATIONS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90126 017 ****70.00

Principal Place of Business

904 NORTH NAKOMIS AVENUE
LAKELAND FL 33815
US

Mailing Address

904 NORTH NAKOMIS AVENUE
LAKELAND FL 33815-1039

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3117604

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

PLAIN, KIMBERLY
907 WASENA AVE.
LAKELAND FL 33815

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

Kimberly Plain

Kimberly Plain

1/11/2000

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	P	<input type="checkbox"/> Delete
NAME	SCHMITZ, BEATRICE JOAN	
STREET ADDRESS	904 N. NAKOMIS AVE.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHMITZ, RICHARD JOSEPH	
STREET ADDRESS	904 N. NAKOMIS AVE.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HUSTED, JANE	
STREET ADDRESS	5385 KIMBALL RD.	
CITY-ST-ZIP	LAKELAND FL 33860	
TITLE	T	<input type="checkbox"/> Delete
NAME	PLAIN, KIMBERLY	
STREET ADDRESS	907 WASENA AVE.	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHIVERS, JEFFERY S	
STREET ADDRESS	201 S. FLORIDA AVENUE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUSTED, KENNETH	
STREET ADDRESS	5385 KIMBALL RD.	
CITY-ST-ZIP	LAKELAND FL 33815	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANSFIELD, KAREN	
STREET ADDRESS	701 N. MOBLEY ST., APT.#7	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANSFIELD, STANLEY	
STREET ADDRESS	701 N. MOBLEY ST., APT.#7	
CITY-ST-ZIP	PLANT CITY, FL 33566	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

BEATRICE JOAN SCHMITZ

Date

1-11-2000

Daytime Phone #

863-688-0850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)