

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000903

1. Entity Name

CENTRAL FLORIDA RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL, INC.

Principal Place of Business

Mailing Address

215 NORTH FIRST STREET
LAKE WALES FL 33853

215 NORTH FIRST STREET
LAKE WALES FL 33853

2. Principal Place of Business

3. Mailing Address

343 W. Central Ave.

343 W. Central Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit #1

Unit #1

City & State

City & State

Lake Wales, FL

Lake Wales, FL

Zip

Zip

Country

Country

33853

USA

33853

USA

6. Name and Address of Current Registered Agent

4. FEI Number

59-3174229

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

FORD, TIMOTHY
5411 ST HELENA ROAD
LAKE WALES FL 32853

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	D FORD, TOMOTHY D	<input type="checkbox"/> Delete
STREET ADDRESS	5411 ST HELENA ROAD	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE NAME	D STEPHANY, G. JOE	<input type="checkbox"/> Delete
STREET ADDRESS	P O BOX 593	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE NAME	D STROH, BOB	<input type="checkbox"/> Delete
STREET ADDRESS	103 FINE ARTS B UNIV OF FL	
CITY-ST-ZIP	GAINESVILLE FL 32613	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90034 017 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)