

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000953

1. Entity Name

THE GREATER AUBURNDALÉ EDUCATION AND BEAUTIFICAT

Principal Place of Business

111 E PARK STREET
AUBURNDALÉ FL 33823
US

Mailing Address

111 EAST PARK ST.
AUBURNDALÉ FL 33823-3406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3151989

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

Butler, Fred

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

111 East Park St.

City

Auburndale

FL

Zip Code
33823

LIPPINCOTT, KEN
111 EAST PARK STREET
AUBURNDALÉ FL 33823

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-2000

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LIPPINCOTT, KEN	
STREET ADDRESS	111 EAST PARK STREET	
CITY-ST-ZIP	AUBURNDALÉ FL 33823	
TITLE	DPE	<input type="checkbox"/> Delete
NAME	BUTLER, FRED	
STREET ADDRESS	111 EAST PARK STREET	
CITY-ST-ZIP	AUBURNDALÉ FL 33823	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WOLFE, JOHN	
STREET ADDRESS	111 EAST PARK STREET	
CITY-ST-ZIP	AUBURNDALÉ FL 33823	
TITLE	T	<input type="checkbox"/> Delete
NAME	FORRESTER, SHARON O	
STREET ADDRESS	111 EAST PARK STREET	
CITY-ST-ZIP	AUBURNDALÉ F; 33823	
TITLE	FS	<input type="checkbox"/> Delete
NAME	WILKINS, PAT	
STREET ADDRESS	111 EAST PARK STREET	
CITY-ST-ZIP	AUBURNDALÉ FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Butler, Fred	
STREET ADDRESS	111 E. Park St.	
CITY-ST-ZIP	Auburndale, FL 33823-3496	
TITLE	DPE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harper, Sharon	
STREET ADDRESS	111 E. Park St.	
CITY-ST-ZIP	Auburndale, FL 33823-3496	
TITLE	DVPF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wolfe, John	
STREET ADDRESS	111 E. Park St.	
CITY-ST-ZIP	Auburndale, FL 33823-3496	
TITLE	DVPA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wiley, Marvin	
STREET ADDRESS	111 E. Park Street	
CITY-ST-ZIP	Auburndale, FL 33823-3496	
TITLE	FS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilkins, Pat	
STREET ADDRESS	111 E. Park St.	
CITY-ST-ZIP	Auburndale, FL 33823-3496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature] REQUIRED Butler

1-19-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #