

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90151 036 ****61.25

DOCUMENT # N93000000727

1. Entity Name

POLK COMPUTER USERS' GROUP, INC.



Principal Place of Business

**PO BOX 90404
LAKELAND FL 33804-0404
US**

Mailing Address

**PO BOX 90404
LAKELAND FL 33804-0404
US**

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 **59-3170958**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KINSEY, GORDON
2844 FORESTBROOK DR E
LAKELAND FL 33811**

7. Name and Address of New Registered Agent

Name

WILBUR HOOKS

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

5745 Poinciana Avenue

City

Lakeland,

FL

Zip Code

33809-3354

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

April 29, 2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | READ, JANE | |
| STREET ADDRESS | 1123 PALACE PLACE | |
| CITY-ST-ZIP | LAKELAND FL 33813 | |
| TITLE | VP2 | <input checked="" type="checkbox"/> Delete |
| NAME | WYMAN, MARVIN | |
| STREET ADDRESS | 1625 ARIANNA ST #9 | |
| CITY-ST-ZIP | LAKELAND FL 33903 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | SPURLOCK, ROSE | |
| STREET ADDRESS | 157 IMPERIAL SOUTHGATE | |
| CITY-ST-ZIP | LAKELAND FL 33803 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | KINSEY, GEORGE | |
| STREET ADDRESS | 2844 FORESTBROOK DR E | |
| CITY-ST-ZIP | LAKELAND FL 33811 | |
| TITLE | VP1 | <input checked="" type="checkbox"/> Delete |
| NAME | JAMES, ROGER | |
| STREET ADDRESS | 925 CLEARVIEW AVE. | |
| CITY-ST-ZIP | LAKELAND FL 33801 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JAMES, ROGER | |
| STREET ADDRESS | 925 Clearview Avenue | |
| CITY-ST-ZIP | Lakeland, FL 33801 | |
| TITLE | VP1B | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLAY, DALLAS | |
| STREET ADDRESS | 112 Quailwood Dr. | |
| CITY-ST-ZIP | Winter Haven, FL 33880 | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOCHENBURGER, PAT | |
| STREET ADDRESS | 8810 Simpson Lane | |
| CITY-ST-ZIP | Lakeland, FL 33809 | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOOKS, WILBUR | |
| STREET ADDRESS | 5745 Poinciana Avenue | |
| CITY-ST-ZIP | Lakeland, FL 33809-3354 | |
| TITLE | VP0D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HISTED, ROBERT | |
| STREET ADDRESS | 925 Lake Hollingsworth Drive | |
| CITY-ST-ZIP | Lakeland, FL 33803-3139 | |
| 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:

WILBUR HOOKS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2003 (863)858-3279

Date

Daytime Phone #

CR2E037 (10/02)