

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001898

1. Entity Name

AUBURNDAL RELIEF ASSOCIATION, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90062 025 ****70.00

Principal Place of Business

Mailing Address

136 SHELBY STREET
AUBURNDAL FL 33823
US

P O BOX 1162
AUBURNDAL FL 33823-1162
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

59-5064549

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

GABALDON, ADRIAN
210 S. BARTOW
AUBURNDAL FL 33823

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

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	PD	<input type="checkbox"/> Delete
NAME	ALLEN FARR	
STREET ADDRESS	2710 ARIANA BLVD	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JOEY	
STREET ADDRESS	107 TAMPA ST.	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HANCOCK, BRENDA	
STREET ADDRESS	108 VAN FLEET COURT	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUMMELL, CINDY	
STREET ADDRESS	1325 SPEAKER DR	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KEY, LINDA	
STREET ADDRESS	116 DAVIS STREET	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	M	<input type="checkbox"/> Delete
NAME	MULFORD, KAREN	
STREET ADDRESS	603 WILLIAM AVE	
CITY-ST-ZIP	WINTER HAVEN FL	

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	<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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4250 Shadow Wood Dr
CITY-ST-ZIP	Winter Haven, FL 33880

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:

Karen Mulford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-00

863-9679711

CR2E037 (9/99)