

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90459 042 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N93000001898**

**1. Entity Name**  
**AUBURNDAL RELIEF ASSOCIATION, INC.**

<b>Principal Place of Business</b> 136 SHELBY STREET AUBURNDAL FL 33823 US	<b>Mailing Address</b> P O BOX 1162 AUBURNDAL FL 33823-1162 US
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**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** main Street  
**AUBURNDAL FL 33823**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

*(Name of Street was changed)*

**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** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALLEN FARR</b> <b>2710 ARIANA BLVD</b> <b>AUBURNDAL FL 33823</b>	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, JOEY</b> <b>4223 SHADOW WOOD CT</b> <b>WINTER HAVEN FL 33880</b>	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HANCOCK, BRENDA</b> <b>108 VAN FLEET COURT</b> <b>AUBURNDAL FL 33823</b>	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>STEVENS, KELLY</b> <b>210 LENA VISTA BLVD</b> <b>AUBURNDAL FL 33823</b>	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>KEY, LINDA</b> <b>116 DAVIS STREET</b> <b>AUBURNDAL FL 33823</b>	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>MULFORD, KAREN</b> <b>4250 SHADOW WOOD DR</b> <b>WINTER HAVEN FL 33880</b>	<input type="checkbox"/> Delete

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Joyce Sutton</b> 252 Recker Hwy <b>Auburndale, FL 33823</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Adrian Gabaldon</b> <b>PO Box 1303</b> <b>Auburndale, FL 33823</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Betty Hunt</b> <b>752 N. Citrus Grove Blvd.</b> <b>Polk City, FL 33868</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Key, Linda</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

**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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** \_\_\_\_\_ **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

CR2E037 (9/01)