

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000002500

FILED
Apr 29, 2003
Secretary of State

Entity Name: HISTORIC WINTER HAVEN, INC.

Current Principal Place of Business:

660 POPE AVE, NW
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1333
WINTER HAVEN, FL 338831533

New Mailing Address:

FEI Number: 59-3294479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERNERT, BOB JR
1433 N LAKE HOWARD DR
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOWELL, JUDY
Address: 11 HICKORY WAY
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: CLEAVES, JUDY B
Address: 503 LAKE MARIAM TERR
City-St-Zip: WINTER HAVEN, FL

Title: T () Delete
Name: CAMPBELL, ROBERT
Address: 4407 BURLINGTON DR.
City-St-Zip: WINTER HAVEN, FL

Title: PD () Delete
Name: GERNERT, BOB JR
Address: 1433 N LAKE HOWARD DR
City-St-Zip: WINTER HAVEN, FL 33881

Title: D (X) Delete
Name: RALEY, WILLIAM L
Address: 507 AVE. B, N.W.
City-St-Zip: WINTER HAVEN, FL

Title: D () Delete
Name: JONES, GLENDA
Address: 608 AVE S NE
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB GERNERT, JR.

PRES

04/29/2003

Electronic Signature of Signing Officer or Director

Date