

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003167

1. Entity Name

REAL ESTATE COUNCIL OF POLK COUNTY, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90797 010 ****61.25

Principal Place of Business

290 FIRST ST SOUTH
WINTER HAVEN FL 33823
US

Mailing Address

290 FIRST ST SOUTH
WINTER HAVEN FL 33880-3271
US

2. Principal Place of Business

3399 Cypress Gardens Road

Suite, Apt. #, etc.
Suite C

City & State
Winter Haven, FL 33884-2453

Zip
33884-2453

Country
POLK

3. Mailing Address

3399 Cypress Gardens Road

Suite, Apt. #, etc.
Suite C

City & State
Winter Haven, FL 33884-2453

Zip
33884-2453

Country
POLK



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3209090

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, CHERI JOHNSON
290 1 ST SOUTH
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name
Tula Michele Haff

Street Address (P.O. Box Number is Not Acceptable)
3399 Cypress Gardens Road
Suite C

City
Winter Haven

FL

Zip Code
33884-2453

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 *Tula Michele Haff*
Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating)

DATE

4/26/2000

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 SD ☐ Delete
NAME FEAR, CHRISTOPHER
STREET ADDRESS P.O. BOX 3 N/A
CITY-ST-ZIP LAKELAND FL

TITLE ~~TD~~ ☒ Delete
NAME WRIGHT, CHERI JOHNSON
STREET ADDRESS 290 1 ST S
CITY-ST-ZIP WINTER HAVEN FL

TITLE D ☐ Delete
NAME GALLOWAY, ALBERT C JR
STREET ADDRESS 240 PARK AVENUE
CITY-ST-ZIP LAKE WALES FL

TITLE VD ☒ Delete
NAME MANN, JOHN
STREET ADDRESS 105 S. FLORIDA AVENUE
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ Delete
NAME CLINE, DEBREA L
STREET ADDRESS 146 AVE B NW
CITY-ST-ZIP WINTER HAVEN FL

TITLE DT ☐ Delete
NAME JOHNSON WRIGHT, CHERI
STREET ADDRESS 290 FIRST STREET S., STE 204
CITY-ST-ZIP WINTER HAVEN FL 33880

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President/Director ☐ Change ☒ Addition
NAME Tula Michele Haff
STREET ADDRESS 3399 Cypress Gardens Rd., Suite C
CITY-ST-ZIP Winter Haven, FL 33884-2453

TITLE Director ☐ Change ☒ Addition
NAME Ben H. Darby, Jr.
STREET ADDRESS P.O. Box 2451
CITY-ST-ZIP Lakeland, FL 33806

TITLE Director ☐ Change ☒ Addition
NAME Louise W. Spivey
STREET ADDRESS P.O. Box 3
CITY-ST-ZIP Lakeland, FL 33802-0003

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Tula Michele Haff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/2000 (863) 324-5880

CR2E037 (9/99)