

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003167

1. Entity Name

REAL ESTATE COUNCIL OF POLK COUNTY, INC.

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90158 038 ****61.25

B0130613



...DO NOT WRITE IN THIS SPACE...

Principal Place of Business

Mailing Address

3399 CYPRESS GARDENS RD
STE C
WINTER HAVEN FL 33884-2453
US

3399 CYPRESS GARDENS RD
STE C
WINTER HAVEN FL 33884-2453
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3209090

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HAFF, TULA M
3399 CYPRESS GARDENS RD
STE C
WINTER HAVEN FL 33884-2453

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. 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)

DATE

After September 13, 2002,
min. will be \$236.25.

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 SD ☐ Delete
NAME FEAR, CHRISTOPHER
STREET ADDRESS PO BOX 3
CITY-ST-ZIP LAKELAND FL 33801

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

TITLE PD ☐ Delete
NAME HAFF, TULA M
STREET ADDRESS 3399 CYPRESS GARDENS RD STE C
CITY-ST-ZIP WINTER HAVEN FL 33884-2453

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

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

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

TITLE D ☐ Delete
NAME DARBY, BEN H JR
STREET ADDRESS PO BOX 2451
CITY-ST-ZIP LAKELAND FL 33806

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

TITLE D ☐ Delete
NAME CLINE, DEBRA L
STREET ADDRESS 146 AVE B NW
CITY-ST-ZIP WINTER HAVEN FL 33880

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

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

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
Tula Michele Haff 7/17/02

863-324-5880

CR2E037 (4/02)