

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004643

1. Entity Name

FLORIDA'S HEARTLAND REDI, INC.

FILED

May 10, 2002 8:00 am
Secretary of State

05-10-2002 90048 040 ****61.25

Principal Place of Business

Mailing Address

5813 OLIVE RD
SEBRING FL 33875-6041
US

P O BOX 1196
SEBRING FL 33871-1196
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3213603

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

NEALE, BETTY
5813 OLIVE RD
SEBRING FL 33875-6041

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 SD
NAME LAMBERT, BILL
STREET ADDRESS 218 BOSTICK RD
CITY-ST-ZIP BOWLING GREEN FL 33834 ☐ Delete

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

TITLE CD
NAME JONES, K S "BUTCH"
STREET ADDRESS GLADES CO COURTHOUSE HWY 27 & 5TH ST
CITY-ST-ZIP MOORE HAVEN FL 33471 ☐ Delete

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

TITLE VCD
NAME MARKHAM, LOWREY
STREET ADDRESS 401 S PARROTT AVE
CITY-ST-ZIP OKEECHOBEE FL ☐ Delete

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

TITLE D
NAME GOSE, JAMES L JIMMY
STREET ADDRESS 2911 NE LAKEVIEW DR
CITY-ST-ZIP SEBRING FL ☐ Delete

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

TITLE D
NAME NEADS, RON
STREET ADDRESS 201 EAST OAK STREET, SUITE 201
CITY-ST-ZIP ARCADIA FL 34266 ☐ Delete

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

TITLE D
NAME MECHLIN, JEFFREY
STREET ADDRESS 98 NORTH FORREST AVE
CITY-ST-ZIP AVON PARK FL 33825 ☐ Delete

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

Betty Neale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)