

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002849

1. Entity Name

HAINES CITY MERCHANTS AND BUSINESS ASSOCIATION,

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90084 008 ****61.25

Principal Place of Business

Mailing Address

12 N. 5TH ST.
HAINES CITY FL 33844

702 JONES AVE
HAINES CITY FL 33844-4342
US

2. Principal Place of Business

3. Mailing Address

12 N. 5th St

702 JONES AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HAINES CITY, FL

City & State

HAINES CITY, FL 33844

4. FEI Number

59-3252089

Applied For

Not Applicable

Zip

33844

Country

POIK

Zip

33844

Country

POIK

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

VANDIVER, FRANCES
12 N. 5TH ST.
HAINES CITY FL 33844

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 PD ☐ Delete
NAME WHISLER, MARK
STREET ADDRESS 706 E INGRAHAM AVENUE
CITY-ST-ZIP HAINES CITY FL 33844

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

TITLE VD ☐ Delete
NAME KLEMM, DOROTHY
STREET ADDRESS 1013 LAKE STREET
CITY-ST-ZIP HAINES CITY FL 33844

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

TITLE TD ☐ Delete
NAME BULLOCK, KATHLYN
STREET ADDRESS 702 JONES AVE.
CITY-ST-ZIP HAINES CITY FL 33844

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

TITLE S ☐ Delete
NAME KLEMM, DOROTHY
STREET ADDRESS 1013 LAKE STREET
CITY-ST-ZIP HAINES CITY FL 33844

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

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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:

Dorothy Klemm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/2000

Date

956-3951

Daytime Phone #

CR 10/17/99