

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

0076761

DOCUMENT # N95000001346

1. Entity Name

ARCADIA WATERMELON ASSOCIATION, INC.

05-03-2001 90384 001 ****50.00
 05-03-2001 90384 002 ****61.25

Principal Place of Business

23 ELVERNO AVE.
 ARCADIA FL 34266
 US

Mailing Address

P.O. BOX 1847
 ARCADIA FL 34265

2. Principal Place of Business

11480 SW Thornton Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Arcadia FL

City & State

Arcadia FL

Zip

34266

Country

De Soto

Zip

Country

4. FEI Number

65-0568857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WALDRON, EUGENE E JR.
 124 N. BREVARD AVE.
 ARCADIA FL 34266

7. Name and Address of New Registered Agent

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

Debbie McVicker - Sec

Debbie McVicker

4/11/01

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

| | | |
|----------------|---------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | WARE, CLYDE | |
| STREET ADDRESS | 23 ELVERANO AVE | |
| CITY-ST-ZIP | ARCADIA FL 34266 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | HARN, RODNEY | |
| STREET ADDRESS | 323 SMITH AVE | |
| CITY-ST-ZIP | ARCADIA FL 34266 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | GILLENBERG, GAYLE | |
| STREET ADDRESS | P.O. BOX 971 | |
| CITY-ST-ZIP | ARCADIA FL 34266 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | WILLIAD IRWIN | |
| STREET ADDRESS | 162 BRIDLE PATH | |
| CITY-ST-ZIP | ARCUDIA FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BUDD COSTNER | |
| STREET ADDRESS | 3008 NE ARCADIA AVE | |
| CITY-ST-ZIP | ARCADIA FL | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | HARDY, CINDEE | |
| STREET ADDRESS | 233 N. MONROE AVE. | |
| CITY-ST-ZIP | ARCADIA FL 34266 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Rodney Harn. | |
| STREET ADDRESS | 323 Smith Ave. | |
| CITY-ST-ZIP | Arcadia, FL 34266 | |
| TITLE | Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Ralph Chastain | |
| STREET ADDRESS | 1300 SR 31 | |
| CITY-ST-ZIP | Punta Gorda, FL 33982 | |
| TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Steve Singletary | |
| STREET ADDRESS | 18200 SR 31 | |
| CITY-ST-ZIP | ALUA, FL 33920 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Debra Harrison | |
| STREET ADDRESS | 108 Evangelina St | |
| CITY-ST-ZIP | Arcadia FL 34266 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Phil Turner JR | |
| STREET ADDRESS | 4067 NE Masters Ave | |
| CITY-ST-ZIP | Arcadia FL 34266 | |
| TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Debbie Omvicker | |
| STREET ADDRESS | 11480 SW Thornton Ave. | |
| CITY-ST-ZIP | Arcadia, FL 34266 | |

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:

Debbie McVicker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

863-491-0464

Date

Daytime Phone #

CR2E037 (10/00)