

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002709

1. Entity Name

MAIN STREET WINTER HAVEN, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90143 011 ****61.25

Principal Place of Business

Mailing Address

505 AVE. A. NW
101-C
WINTER HAVEN FL 33881
US

P.O. BOX 32
WINTER HAVEN FL 33881
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3319831

Applied For

Not Applicable

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

TURNER, MARK G
255 MAGNOLIA AVENUE S.W.
WINTER HAVEN FL 33880

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 ☒ Delete
NAME D
STREET ADDRESS RALEY, BILL
CITY-ST-ZIP P. O. BOX 1112 N/A
WINTER HAVEN FL 33882

TITLE ☐ Change ☒ Addition
NAME P
STREET ADDRESS FREIJO, SANDY
CITY-ST-ZIP 421 2ND ST. NW
WINTER HAVEN, FL 33881

TITLE ☐ Delete
NAME D
STREET ADDRESS CASEY, KELLY
CITY-ST-ZIP 220 W CENTRAL AVE
WINTER HAVEN FL 33880

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS TUTTLE, DAVID
CITY-ST-ZIP 254 CENTRAL AVE. W
WINTER HAVEN, FL 33880

TITLE ☐ Delete
NAME D
STREET ADDRESS KAHLER, JUDY
CITY-ST-ZIP P.O. BOX 7325 N/A
WINTER HAVEN FL 33883

TITLE ☐ Change ☒ Addition
NAME S
STREET ADDRESS SHEEHAN, DONNA
CITY-ST-ZIP 210 CYPRESS GARDENS BLVD
WINTER HAVEN, FL

TITLE ☐ Delete
NAME D
STREET ADDRESS BECK, DENNIS
CITY-ST-ZIP 11 5TH STREET S.W.
WINTER HAVEN FL 33880

TITLE ☐ Change ☒ Addition
NAME T
STREET ADDRESS HONEYCUTT, THARON
CITY-ST-ZIP 4556 6TH ST. NW
WINTER HAVEN, FL 33881

TITLE ☐ Delete
NAME D
STREET ADDRESS LOCKHART, STEVE
CITY-ST-ZIP 305 AVE K SE
WINTER HAVEN FL 33880

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)