

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002856

1. Entity Name

THE NORTHEAST WINTER HAVEN NEIGHBORHOOD ASSOCIAT

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90904 007 ****61.25

Principal Place of Business

Mailing Address

2426 EDWIN ST N.E.
WINTER HAVEN FL 33881
US

PO BOX 3495
WINTER HAVEN FL 33885-3495

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3319035

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

SMITH, MARY S
2426 EDWIN ST N.E.
WINTER HAVEN FL 33881

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 P
NAME SMITH, WILFRED ☒ Delete
STREET ADDRESS 2426 EDWIN STREET N.E.
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE P
NAME MARY S SMITH ☐ Change ☒ Addition
STREET ADDRESS 2426 EDWIN ST. N.E.
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE S
NAME HUDSON, JIMMIE L ☐ Delete
STREET ADDRESS 1905 BROWN STREET N. E.
CITY-ST-ZIP WINTER HAVEN FL 33881

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

TITLE VP
NAME BOYD, KEITH ☐ Delete
STREET ADDRESS 411 AVE N.E.
CITY-ST-ZIP WINTER HAVEN FL 33881

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

TITLE T
NAME BROWN, TIMOTHY ☐ Delete
STREET ADDRESS 305 AVE. X NE
CITY-ST-ZIP WINTER HAVEN FL 33881

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

TITLE D
NAME SMITH, WILFRED ☐ Delete
STREET ADDRESS 2444 5TH STREET NE
CITY-ST-ZIP WINTER HAVEN FL 33881

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

TITLE T
NAME GRANT, LINDA ☐ Delete
STREET ADDRESS 2244 MARY JEWETT CIRCLE
CITY-ST-ZIP WINTER HAVEN FL 33881

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:

MARY S SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02
Date

(813) 293-1439
Daytime Phone #

CR2E037 (9/99)