

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001439

1. Entity Name

CRACKER STORYTELLING FESTIVAL, INC.

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90033 030 \*\*\*\*61.25

Principal Place of Business

1630 OLEANDER  
BARTOW FL 33830  
US

Mailing Address

P. O. BOX 1613  
BARTOW FL 33831  
US

2. Principal Place of Business

Homeland Heritage Park  
Suite, Apt. #, etc.

3. Mailing Address

Homeland Heritage Park  
Suite, Apt. #, etc.

Drawer CS07-POBox9005

Drawer CS07-POBox9005

City & State  
Bartow FL

City & State  
Bartow FL

Zip  
33831-9005

Country  
POLK

4. FEI Number  
59-3314109

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

Jeffers, Herrick (delete)  
353 Dayton Blvd  
Melbourne Village, FL  
32904

Name

Stasiak, Anita (Treasurer)  
600 North Broadway  
Bartow, FL., 33830

ip 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 *Anita Stasiak*

7/28/00

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  
After September 13, 2000 min. will be \$236.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
NESMITH, PHYLLIS  
2307 SW CR 760-A  
NOGATEE FL 34268 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Imbody, Sue (President) ☒ Change ☐ Addition  
2120 Grovelan Lane South  
Lakeland, FL, 33803

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DAVIS, MYRA  
1630 OLEANDER PL  
BARTOW FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
McCarter, Jeannine (Vice Pres) ☒ Change ☐ Addition  
3376 Kilmer Drive  
Lakeland, FL., 33803

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JEFFERS, JOHN HERRICK  
353 DAYTON BLVD.  
MELBOURNE VILLAGE FL 32904 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Tramma, Connie (Secretary) ☒ Change ☐ Addition  
3380 Kilmer Drive  
Lakeland, FL, 33803

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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: *Sue Imbody*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/00 (863) 521-1850  
Date Daytime Phone #

CR2E037 (5/00)