

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002470

1. Entity Name

EAST POLK COUNTY COMMITTEE OF 100, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90039 030 ****61.25

Principal Place of Business

401 AVENUE B. N.W.
WINTER HAVEN FL 33881

Mailing Address

401 AVENUE B. N.W.
WINTER HAVEN FL 33881-4606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3444913

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

MORROW, RON
401 AVENUE B, NW
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WALKER, ROBERT	
STREET ADDRESS	100 S 10TH ST	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCPHERSON, CHARLES	
STREET ADDRESS	9 CYPRESS COVE RD	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LIPPINCOTT, KEN	
STREET ADDRESS	404 ORANGE BLOSSOM DR	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHURCH, SKIP	
STREET ADDRESS	201 MAGNOLIA AVENUE SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAME, JOHN H	
STREET ADDRESS	325 S. GLENCRUITEN AVE.	
CITY-ST-ZIP	LAKE ALFRED FL 33850	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLEAVES, JUDY	
STREET ADDRESS	311 THIRD STREET	
CITY-ST-ZIP	WINTER HAVEN FL 33881	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHERSON, CHARLES	
STREET ADDRESS	9 CYPRESS COVE RD.	
CITY-ST-ZIP	WINTERHAVEN FL 33884	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lippincott, Ken	
STREET ADDRESS	404 Orange Blossom Dr.	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fulks, Fred	
STREET ADDRESS	411 Horseshoe Lane NE	
CITY-ST-ZIP	Winter Haven, FL 33859	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Church, Skip	
STREET ADDRESS	201 Magnolia Avenue SW	
CITY-ST-ZIP	Winter Haven, FL 33880	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dame, John H.	
STREET ADDRESS	325 S. Glencruiten Ave.	
CITY-ST-ZIP	Lake Alfred, FL 33850	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beckert, Howard	
STREET ADDRESS	525 Pope Ave. NW	
CITY-ST-ZIP	Winter Haven, FL 33881	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.01, Florida Statutes. I 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 #

04/28/00 863-294-9454

CR2E037 (9/99)