

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90078 032 \*\*\*\*61.25

0067625

**DOCUMENT # N96000002470**

1. Entity Name

**EAST POLK COUNTY COMMITTEE OF 100, INC.**

Principal Place of Business

Mailing Address

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

A0023569



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	WALKER, ROBERT	100 S 10TH ST	HAINES CITY FL 33844	<input type="checkbox"/> Delete	Chairman	Lippincott, Ken	404 Orange Blossom Dr.	Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD	MCPHERSON, CHARLES	9 CYPRESS COVE RD	WINTER HAVEN FL 33884	<input type="checkbox"/> Delete	Vice Chairman	Burchfield, Ron	902 US Hwy. 27 N	Haines City, FL 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SD	LIPPINCOTT, KEN	404 ORANGE BLOSSOM DR	WINTER HAVEN FL 33880	<input type="checkbox"/> Delete	Secretary	Littleton, Greg	1838 SR 60 E.	Lake Wales, FL 33853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD	CHURCH, SKIP	201 MAGNOLIA AVENUE SW	WINTER HAVEN FL 33880	<input type="checkbox"/> Delete	Treasurer	Church, Skip	201 Magnolia Avenue SW	Winter Haven, FL 33880	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	DAME, JOHN H	325 S. GLENCRUITEN AVE.	LAKE ALFRED FL 33850	<input type="checkbox"/> Delete		Dame, John H. - Driector	325 S. Glencruiten Ave.	Lake Alfred, FL 33850	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	CLEAVES, JUDY	311 THIRD STREET	WINTER HAVEN FL 33881	<input type="checkbox"/> Delete	Director	Beckert, Howard	525 Pope Ave. NW	Winter Haven, FL 33881	<input type="checkbox"/> Change <input type="checkbox"/> 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 path; 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

02/07/01

Date

863-294-9454

Daytime Phone #

CR2E037 (10/00)