

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90004 001 ****61.25

DOCUMENT # N96000002470

1. Entity Name

EAST POLK COUNTY COMMITTEE OF 100, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3444913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MORROW, RON
401 AVENUE B, NW
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

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
NAME WALKER, ROBERT ☐ Delete
STREET ADDRESS 100 S 10TH ST
CITY-ST-ZIP HAINES CITY FL 33844

TITLE VD
NAME MCPHERSON, CHARLES ☐ Delete
STREET ADDRESS 9 CYPRESS COVE RD
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE C
NAME LIPPINCOTT, KEN ☐ Delete
STREET ADDRESS 404 ORANGE BLOSSOM DR
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE TD
NAME CHURCH, SKIP ☐ Delete
STREET ADDRESS 201 MAGNOLIA AVENUE SW
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D
NAME DAME, JOHN H ☐ Delete
STREET ADDRESS 325 S. GLENCRUITEN AVE.
CITY-ST-ZIP LAKE ALFRED FL 33850

TITLE D
NAME CLEAVES, JUDY ☐ Delete
STREET ADDRESS 311 THIRD STREET
CITY-ST-ZIP WINTER HAVEN FL 33881

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Chairman ☒ Change ☐ Addition
NAME Burchfield, Ron
STREET ADDRESS 902 U.S. Hwy. 27 N.
CITY-ST-ZIP Haines City, FL 33884

TITLE Vice Chairman ☒ Change ☐ Addition
NAME Greg Littleton
STREET ADDRESS 1838 SR 60 E.
CITY-ST-ZIP Lake Wales, FL 33853

TITLE Secretary ☒ Change ☐ Addition
NAME Fitz Sthresley
STREET ADDRESS 8 N. Charleston
CITY-ST-ZIP Fort Meade, FL 33841

TITLE Treasurer ☐ Change ☐ Addition
NAME Church, Skip
STREET ADDRESS 201 Magnolia Ave SW
CITY-ST-ZIP Winter Haven, FL 33880

TITLE Dame, John H. Director ☐ Change ☐ Addition
STREET ADDRESS 325 S. Glencruiten Ave.
CITY-ST-ZIP Lake Alfred, FL 33850

TITLE Director ☐ Change ☐ Addition
NAME Howard Beckert
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 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 (9/01)

1-11-02 863-294-9454