

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90030 048 \*\*\*\*61.25

**DOCUMENT # N97000000796**

1. Entity Name

**BETTER BUSINESS COUNCIL, INC.**

Principal Place of Business

Mailing Address

930 MARCUM ROAD  
 SUITE #4  
 LAKELAND FL 33809  
 US

930 MARCUM ROAD  
 SUITE #4  
 LAKELAND FL 33809-4308  
 US

2. Principal Place of Business

3. Mailing Address

PO Box 130

PO Box 130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KATHLEEN FL

City & State

KATHLEEN FL 33849

Zip

33849

Country

FLORIDA

Zip

33849

Country

FLORIDA

4. FEI Number

59-3491713

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARTMAN, STEPHEN H  
 908 S FLORIDA AVE, SUITE 102  
 LAKELAND FL FL338-03

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	D	<input type="checkbox"/> Delete
NAME	WOOTON, DAVID	
STREET ADDRESS	7430 CATHRINE DR.	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	STD	<input type="checkbox"/> Delete
NAME	POTTER, KEILY	
STREET ADDRESS	251 VILLAGE VIEW LANE	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	BD	<input type="checkbox"/> Delete
NAME	HAUB, KAREN	
STREET ADDRESS	3829 PROGRESS DR.	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAVEN, WES	
STREET ADDRESS	225 N. FLORIDA	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	SELF, BROCKMAN	
STREET ADDRESS	402 S. KENTUCKY AVE.	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISH, ALLEN	
STREET ADDRESS	309 SOUTH CIRCLE	
CITY-ST-ZIP	SEBRING FL 33870	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-00 (263) 853-9145

Date

Daytime Phone #