

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90041 031 \*\*\*\*61.25

0066742

**DOCUMENT # N97000000796**

1. Entity Name

**BETTER BUSINESS COUNCIL, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 130  
 KATHLEEN FL 33849  
 US

P.O. BOX 130  
 KATHLEEN FL 33849  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3491713**

Applied For

Not Applicable

Zip

Country

Zip

Country

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
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
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]* **SIGNATURE REQUIRED** *GWooton* 1-9-01 (163) 853-9149

CR2E037 (10/00)