

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90057 026 \*\*\*\*61.25

DOCUMENT # N97000Q01629

1. Entity Name

POLK COUNTY GREEN PARTNERS, INC.

Principal Place of Business

2300 NEW JERSEY RD  
LAKELAND FL 33803

Mailing Address

2300 NEW JERSEY RD  
LAKELAND FL 33803

2. Principal Place of Business

1504 Easton Dr.

3. Mailing Address

1504 Easton Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

Lakeland, Florida

4. FEI Number

59-3491925

Applied For

Not Applicable

Zip

33803

Country

USA

Zip

33803

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, PALMER C  
330 W CHURCH ST  
BARTOW FL 33830

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	SD	<input type="checkbox"/> Delete
NAME	DAVIS, PALMER C	
STREET ADDRESS	330 W CHURCH ST	
CITY-ST-ZIP	BARTOW FL 33831	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CONNORS, ROBERT	
STREET ADDRESS	3311 HARBOR BEACH DRIVE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATT, RUTHEN	
STREET ADDRESS	41 LAKE MORTON DR	
CITY-ST-ZIP	LAKELAND FL 33806	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NORDBY, MARK	
STREET ADDRESS	804 LAKE VESSIE DR NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FRANCISCO, STEVE	
STREET ADDRESS	831 N WABASH AVE	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SALE, ALLEN	
STREET ADDRESS	309 TENNESSEE AVE S	
CITY-ST-ZIP	LAKELAND FL 33802	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darden, Sue	
STREET ADDRESS	2232 Heritage Dr.	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Almon, Debbie	
STREET ADDRESS	501 Evelyn	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruthven, Matt	
STREET ADDRESS	41 Lake Morton Dr.	
CITY-ST-ZIP	Lakeland, FL 33803	
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:

Palmer C. Davis

April 27, 2001 (803) 534-6408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)