

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

004492

**DOCUMENT # N97000001629**

1. Entity Name

**POLK COUNTY GREEN PARTNERS, INC.**

03-20-2002 90028 025 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1504 EASTON DR  
 LAKELAND FL 33803

1504 EASTON DR  
 LAKELAND FL 33803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3491925**

Applied For

Not Applicable

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

**DAVIS, PALMER C**  
**330 W CHURCH ST**  
**BARTOW FL 33830**

Name **Palmer C. Davis**

Street Address (P.O. Box Number is Not Acceptable)

**228 S. Massachusetts Ave.**

City **Lakeland**

**FL**

Zip Code  
**33801**

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 **Palmer C. Davis**

**March 7, 2002**

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 **SD** ☐ Delete  
 NAME **DAVIS, PALMER C**  
 STREET ADDRESS **330 W CHURCH ST**  
 CITY-ST-ZIP **BARTOW FL 33831**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **Darden, Sue**  
 STREET ADDRESS **2232 Heritage Dr.**  
 CITY-ST-ZIP **Lakeland, FL 33801**

TITLE **PD** ☐ Delete  
 NAME **CONNORS, ROBERT**  
 STREET ADDRESS **3311 HARBOR BEACH DRIVE**  
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **Davis, Palmer C.**  
 STREET ADDRESS **228 S. Massachusetts Ave.**  
 CITY-ST-ZIP **Lakeland, FL 33801**

TITLE **VD** ☐ Delete  
 NAME **MATT, RUTHEN**  
 STREET ADDRESS **41 LAKE MORTON DR**  
 CITY-ST-ZIP **LAKELAND FL 33806**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Francisco, Steve**  
 STREET ADDRESS **831 N. Wabash Ave.**  
 CITY-ST-ZIP **Lakeland, FL 33815**

TITLE **TD** ☒ Delete  
 NAME **NORDBY, MARK**  
 STREET ADDRESS **804 LAKE VESSIE DR NW**  
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Lieberman, Arthur**  
 STREET ADDRESS **980 S. Kissinger**  
 CITY-ST-ZIP **Bartow, FL 33830**

TITLE **D** ☐ Delete  
 NAME **DARDEN, SUE**  
 STREET ADDRESS **2232 HERITAGE DR**  
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **ALMON, DEBBIE**  
 STREET ADDRESS **501 EVELYN**  
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☐ Change ☐ 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**

**March 7, 2002 (863) 834-6010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)