

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90049 003 ****61.25

DOCUMENT # N97000001629

1. Entity Name

POLK COUNTY GREEN PARTNERS, INC.



Principal Place of Business

**1504 EASTON DR
LAKELAND FL 33803**

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DAVIS, PALMER C
228 S. MASSACHUSETTS AVE
LAKELAND FL 33801**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	DAVIS, PALMER C	
STREET ADDRESS	228 S. MASSACHUSETTS AVE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CONNORS, ROBERT	
STREET ADDRESS	3311 HARBOR BEACH DRIVE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MATT, RUTHEN	
STREET ADDRESS	41 LAKE MORTON DR	
CITY-ST-ZIP	LAKELAND FL 33806	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANCISCO, STEVE	
STREET ADDRESS	831 N. WABASH AVE	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DARDEN, SUE	
STREET ADDRESS	2232 HERITAGE DR	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIEBERMAN, ARTHUR	
STREET ADDRESS	980 S. KISSINGEN	
CITY-ST-ZIP	BARTOW FL 33830	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FONES, Jimmy	
STREET ADDRESS	3939 U.S. Highway 98 South	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Connors, Robert	
STREET ADDRESS	3311 Harbor Beach Drive	
CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruthen, Matt	
STREET ADDRESS	41 Lake Morton Dr.	
CITY-ST-ZIP	Lakeland, FL 33806	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lieberman, Arthur	
STREET ADDRESS	980 S. Kissingen	
CITY-ST-ZIP	Bartow, FL 33830	

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 Davis*

1/9/03 (863)834-6010

CR2E037 (10/02)