04-25-2001 90376 045 ****61.25

2001 UNIFO	RM BUSINESS REPORT	(UBR
DOCUMENT #	N97000004940	

Entity Name

THE POLK COUNTY FAMILY LAWYERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2188 BARTOW FL 33831 P.O. BOX 2188 BARTOW FL 33831

					311 1911 1511 1111 1111 1111		
2. Principal Pl	ace of Business	3. Mailing Address					
Post Office Box 1145 Post Office		Box 1145	1 14 6 11 61	#16 1#111 16611 EB111 ##111 ##111	MANU BANCE BUNEN JANES DE	1011 4011 (601	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	201 . (13		DO NOT WRITE IN	THIS SPACE	
City & State City & State			4. FEI Numbe		An	plied For	
Lake Al	fred, FL.	Lake Alfred,	FL.		31-1526705	<u> </u>	ot Applicable
Zip	Country	Zip	Country	E Castillanta	-4 Ctatura Danimad	¬ \$8.75 Add	litional
33850	USA	33850	USA	5. Certificate	of Status Desired	Fee Require	
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Regist	ered Agent	
			Name	liam C. Ham			1
MCKOWN, MIA L Street Address (P. 170 P. 171					r is Not Acceptable)		
	<u> </u>			E. Haines E			
	TH TENNESSEE AVE. D FL 33801						
TAVETAIN	D FL 33601		City			□	е
				Alfred		FL 210 Code 338	
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or	registered agent, or bot	h, in the state of Florida.		
	$111 \sim 11$	λ			à	1 1	
	1 Klahm C Ha	√	lian a	II mana and a said		lia Ini	j
SIGNATURE.	Signature, typed or printed name of registered agent			Hamm- Pres	ident //	77/01	
			. riogistores rigent signator	o regalied when relistating)			
	EN E MON	A 51 1/2 B	-				
				\$5.00 May Be Added to Fees		eck Payable to	,
	FEE IS \$61.25	Trader and Ophania	311011.	Added to Fees	Departi	ment of State	
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CH/	I ANGES TO OFFICERS AI	ND DIRECTORS IN	1 10
TITLE	PD	☐ Delete	TITLE	President	(4)	Change	Addition 8
NAME	BENNETT, JESSE J JR		NAME	William C.			
STREET ADDRESS	146 AVENUE B, N W		STREET ADDRESS				j
CITY-ST-ZIP	WINTER HAVEN FL 33881		CITY-ST-ZIP	POSE UIIIC	e Box 1145		
TITLE	VD	☐ Delete		Taka Alfa-		22050	1 4
NAME	HAMM, WILLIAM C JR	□ Dolete	TITLE	Lake Alfre	ed, Florida	33850 Change	☐ Addition 5
STREET ADDRESS	TIMINAN, WILLIAM OUN	Dolete	title Name	Lake Alfre Vice-Presi	.aent(VD)	33850 Change	Addition
CITY-ST-ZIP	170 E HAINES BLVD	bolete	NAME STREET ADDRESS	Lake Alfre Vice-Presi Beach A. E	.aent (v)) Brooks	-	Addition
	170 E HAINES BLVD LAKE ALFRED FL 33850	_ Datete	NAME	Lake Alfre Vice-Presi Beach A. E 340 First	.dent (VD) Brooks Street Sou	thWest	☐ Addition
TITLE	170 E HAINES BLVD LAKE ALFRED FL 33850 D	☐ Delete	NAME STREET ADDRESS	Lake Alfre Vice-Presi Beach A. E 340 First	.aent (v)) Brooks	thWest	Addition &
	170 E HAINES BLVD LAKE ALFRED FL 33850		NAME STREET ADDRESS CITY-ST-ZIP	Lake Alfre Vice-Presi Beach A. E 340 First	.dent (VD) Brooks Street Sou	thWest	
TITLE NAME STREET ADDRESS	170 E HAINES BLVD LAKE ALFRED FL 33850 D DOYEL, ROBERT 255 NORTH BROADWAY		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Lake Alfre Vice-Presi Beach A. E 340 First	.dent (VD) Brooks Street Sou	thWest	
TITLE NAME	170 E HAINES BLVD LAKE ALFRED FL 33850 D DOYEL, ROBERT		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Lake Alfre Vice-Presi Beach A. E 340 First	.dent (VD) Brooks Street Sou	thWest	
TITLE NAME STREET ADDRESS	170 E HAINES BLVD LAKE ALFRED FL 33850 D DOYEL, ROBERT 255 NORTH BROADWAY BARTOW FL 33830 SD		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Lake Alfre Vice-Presi Beach A. E 340 First Winter Hav	Gent(VD) Brooks Street Souven, FL. 33	thWest	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	170 E HAINES BLVD LAKE ALFRED FL 33850 D DOYEL, ROBERT 255 NORTH BROADWAY BARTOW FL 33830 SD BROOKS, BEACH A JR	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Vice-Presi Beach A. E 340 First Winter Hav	Street Souven, FL. 33	thWest 880 □ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	170 E HAINES BLVD LAKE ALFRED FL 33850 D DOYEL, ROBERT 255 NORTH BROADWAY BARTOW FL 33830 SD BROOKS, BEACH A JR 340 1ST STREET SE	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Vice-Presi Beach A. E 340 First Winter Hav Secretary (Street Souren, FL. 33	thWest 880 Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	170 E HAINES BLVD LAKE ALFRED FL 33850 D DOYEL, ROBERT 255 NORTH BROADWAY BARTOW FL 33830 SD BROOKS, BEACH A JR 340 1ST STREET SE WINTER HAVEN FL 33830	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Lake Alfred Vice-Presi Beach A. E 340 First Winter Have Secretary of Mark A. Se Post Office	Street Sourcen, FL. 33	thWest 880 Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	170 E HAINES BLVD LAKE ALFRED FL 33850 D DOYEL, ROBERT 255 NORTH BROADWAY BARTOW FL 33830 SD BROOKS, BEACH A JR 340 1ST STREET SE WINTER HAVEN FL 33830 TD	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Lake Alfred Vice-President A. F. 340 First Winter Have Mark A. See Post Office Bartow, Fi	Street Sourcen, FL. 33	thWest 880 Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	170 E HAINES BLVD LAKE ALFRED FL 33850 D DOYEL, ROBERT 255 NORTH BROADWAY BARTOW FL 33830 SD BROOKS, BEACH A JR 340 1ST STREET SE WINTER HAVEN FL 33830 TD SESSUMS, MARK A	☐ Delete ☐ Delete ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Secretary Mark A. Se Post Office Bartow, FI	Street Sourcen, FL. 337 (SD) essums ee Box 2188 33831 (YD)	thWest 880 Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	170 E HAINES BLVD LAKE ALFRED FL 33850 D DOYEL, ROBERT 255 NORTH BROADWAY BARTOW FL 33830 SD BROOKS, BEACH A JR 340 1ST STREET SE WINTER HAVEN FL 33830 TD	☐ Delete ☐ Delete ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE	Lake Alfred Vice-President A. F. 340 First Winter Have Mark A. See Post Office Bartow, Fi	Street Sourcen, FL. 337 (SD) essums ee Box 2188 a. 33831 (TD) Sanoba	thWest 880 Change	☐ Addition

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Lakeland, FL.

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

Addition