

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004940

1. Entity Name

THE POLK COUNTY FAMILY LAWYERS ASSOCIATION, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

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

0066405

Principal Place of Business

P.O. BOX 2188
BARTOW FL 33831

Mailing Address

P.O. BOX 2188
BARTOW FL 33831

2. Principal Place of Business

Post Office Box 1145
Suite, Apt. #, etc.

3. Mailing Address

Post Office Box 1145
Suite, Apt. #, etc.

City & State

Lake Alfred, FL.

City & State

Lake Alfred, FL.

4. FEI Number

31-1526705

Applied For

Not Applicable

Zip

33850

Country

USA

Zip

33850

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKOWN, MIA L
317 SOUTH TENNESSEE AVE.
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name
William C. Hamm
Street Address (P.O. Box Number is Not Acceptable)
170 E. Haines Blvd.
City
Lake Alfred FL Zip Code
33850

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

William C. Hamm

William C. Hamm- President

4/19/01

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BENNETT, JESSE J JR 146 AVENUE B, N W WINTER HAVEN FL 33881	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAMM, WILLIAM C JR 170 E HAINES BLVD LAKE ALFRED FL 33850	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOYEL, ROBERT 255 NORTH BROADWAY BARTOW FL 33830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROOKS, BEACH A JR 340 1ST STREET SE WINTER HAVEN FL 33830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SESSUMS, MARK A 395 SOUTH CENTRAL AVENUE BARTOW FL 33830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President (P) William C. Hamm Post Office Box 1145 Lake Alfred, Florida 33850	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President (VD) Beach A. Brooks 340 First Street SouthWest Winter Haven, FL. 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary (SD) Mark A. Sessums Post Office Box 2188 Bartow, FL. 33831	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer (TD) Karie L. Sanoba 114 E. Edgewood Dr. Lakeland, FL. 33803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

William C. Hamm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01 (863) 956-1119

Date

Daytime Phone #

CR2E037 (10/00)