

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005757

1. Entity Name

SENIOR ORPHANS OF POLK COUNTY, INC.

R

FILED
Aug 04, 2000 8:00 am
Secretary of State

08-04-2000 90002 003 ****61.25

Principal Place of Business

Mailing Address

~~1312 EDGEWATER BEACH DRIVE~~
~~LAKELAND FL 33805~~

~~1312 EDGEWATER BEACH DRIVE~~
~~LAKELAND FL 33805~~

2. Principal Place of Business

2245 Longleaf Cir

3. Mailing Address

2245 Longleaf Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland FL 33810

Zip

33810

Country

Zip

33810

Country

4. FEI Number

59-3484454

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

DUNLAP, GEORGE T III
245 SOUTH CENTRAL AVENUE
BARTOW FL 33830

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
After September 13, 2000 min. will be \$236.25

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 PD ☐ Delete
NAME CORNELIUS, JOHN J
STREET ADDRESS 1312 EDGEWATER BEACH DRIVE
CITY-ST-ZIP LAKELAND FL 33805

TITLE ☒ Change ☒ Addition
NAME 2245 Longleaf Cir
STREET ADDRESS LAKELAND FL 33810
CITY-ST-ZIP

TITLE VSTD ☐ Delete
NAME CORNELIUS, BEVERLY
STREET ADDRESS 1312 EDGEWATER BEACH DRIVE
CITY-ST-ZIP LAKELAND FL 33805

TITLE ☒ Change ☐ Addition
NAME 2245 Longleaf Cir.
STREET ADDRESS LAKELAND FL 33810
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HAWLEY, CHARLES
STREET ADDRESS 4040 TURNER ROAD
CITY-ST-ZIP MULBERRY FL 33860

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

TITLE D ☐ Delete
NAME SUMMERS, ROBERT
STREET ADDRESS 1710 HUNTINGTON AVENUE
CITY-ST-ZIP LAKELAND FL 33801

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

TITLE D ☐ Delete
NAME PARSONS, ROBERT
STREET ADDRESS KOOTER LANE
CITY-ST-ZIP LAKELAND FL 33809

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

TITLE D ☐ Delete
NAME COTTERILL, JOHN
STREET ADDRESS 1249 ENTERPRISE AVENUE
CITY-ST-ZIP LAKELAND FL 33809

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:

John Cornelius
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-00

863 859 6547

Date

Daytime Phone #

CR2E037 (5/00)