

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90190 045 ****61.25

0067772

DOCUMENT # N97000006974

1. Entity Name

FLORIDA CITRUS HALL OF FAME, INCORPORATED

Principal Place of Business

**211 AVE G SW
WINTER HAVEN FL 33880**

Mailing Address

**P O BOX 30
WINTER HAVEN FL 33882-0030**

00066406

2. Principal Place of Business

209 Avenue O, SW

3. Mailing Address

Same as above.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Haven, Fl. 33880

City & State

4. FEI Number

59-3483292

Applied For

Not Applicable

Zip

33880

Country

Polk

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HEMENWAY, RICHARD
70 FLORIDA CITRUS BLVD.
WINTER HAVEN FL 33880**

7. Name and Address of New Registered Agent

Name

James T. Joiner

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

190 Avenue A, NW

City

Winter Haven,

FL

Zip Code

33880

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 reinstalling)

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 **D** ☒ Delete
NAME **HEMENWAY, RICHARD**
STREET ADDRESS **211 AVE G SW**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **D** ☒ Delete
NAME **JOINER, JAMES T**
STREET ADDRESS **190 AVENUE A, N.W.**
CITY-ST-ZIP **WINTER HAVEN FL 33882**

TITLE **DC** ☒ Delete
NAME **RALEY, JR., W. LINDSAY**
STREET ADDRESS **211 AVE 6 SW**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☐ Addition
NAME **James T. Joiner**
STREET ADDRESS **190 Avenue A, NW**
CITY-ST-ZIP **Winter Haven, Fl. 33880**

TITLE **Director** ☐ Change ☐ Addition
NAME **Lindsey Raley, Jr.**
STREET ADDRESS **209 Avenue O, SW**
CITY-ST-ZIP **Winter Haven, Fl. 33880**

TITLE **Director** ☐ Change ☐ Addition
NAME **Ben Adams, Jr.**
STREET ADDRESS **202 Security Square**
CITY-ST-ZIP **Winter Haven, Fl. 33880**

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

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

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:

SIGNATURE REQUIRED

5/1/01

CR2E037 (10/00)