

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000002327**

1. Entity Name

FRIENDS OF HEALTHY FAMILIES POLK, INC.

Principal Place of Business

**216 BOXWOOD DRIVE
DAVENPORT FL 33837**

Mailing Address

**216 BOXWOOD DRIVE
DAVENPORT FL 33837**

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

59-3513148

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HAMMOND, KATHRYN J
216 BOXWOOD DRIVE
DAVENPORT FL 33837**

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SHEARER, JANET	
STREET ADDRESS	528 LAUREL LANE	
CITY-ST-ZIP	LAKELAND FL 33813	

TITLE	D	<input type="checkbox"/> Delete
NAME	EARL, JUDITH	
STREET ADDRESS	836 GOLF COURSE PKWY	
CITY-ST-ZIP	DAVENPORT FL 33837	

TITLE	D	<input type="checkbox"/> Delete
NAME	HAMMOND, KATHRYN J	
STREET ADDRESS	216 BOXWOOD DRIVE	
CITY-ST-ZIP	DAVENPORT FL 33837	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-01

Date

867-424-4082

Daytime Phone #

00026748



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)