

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90395 041 ****61.25

DOCUMENT # N98000003762

1. Entity Name

WINTER HAVEN RESIDENTS COUNCIL, INC.

Principal Place of Business

Mailing Address

2670 AVENUE C SW
WINTER HAVEN FL 33880

2670 AVENUE C SW
WINTER HAVEN FL 33880

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3526588

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Joyce Barr

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

2670 Avenue C SW

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, ARLETHA 2645 AVENUE C. S.W. WINTER HAVEN FL 33880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRISON, CHAKIA 2613 AVENUE C SW WINTER HAVEN FL 33880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTIN, TONYA 2548 6TH STREET N.E. WINTER HAVEN FL 33881	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARRISON, PRINCILLA 2541 6TH STREET N.E. WINTER HAVEN FL 33881	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CURRY, TONYA 2622 AVENUE C SW WINTER HAVEN FL 33880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRD, CARLENE 364 ORRIN CIRCLE N.E. WINTER HAVEN FL 33881	<input type="checkbox"/> Delete

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

6/28/00

(863) 271-4666