2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 23, 2001 8:00 am
Secretary of State
04-23-2001 90028 021 ****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

3291

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2557 6th Street N.E.	2557 6th Street N.E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven, Florida	City & State: Winter Haven Florida
Zip: 33881 Country:	Zip: 33881 Country:

4. FEI Number: 59-3526588 ☐ 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
BARR, JOYCE 2670 AVENUE C SW WINTER HAVEN FL 33880	Name: Barr, Joyce Street Address (P.O. Box Number is Not Acceptable): 2557 6th Street N.E. City: Winter Haven FL Zip Code: 33881

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	☐ Delete	P D Martin, Tanya 411 Cleveland St. Apt. A-2557 6th St. N.E. Auburndale Fl. 33823 Winter Haven Fla. 33881	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARRISON, CHAKIA 2613 AVENUE C SW WINTER HAVEN FL 33880	☐ Delete	V D Angeline Jackson 2553 6th St. N.E. 2557 6th St. N.E. Winter Haven Fla. 33881 Winter Haven Fl. 33881	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MARTIN, TONYA 2548 6TH STREET N.E. WINTER HAVEN FL 33881	☐ Delete	T D Princilla Garrison 3126 Harmon Lane 2557 6th St N.E Winter Haven Fl. 33880 Winter Haven Fla 33881	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GARRISON, PRINCILLA 2541 6TH STREET N.E. WINTER HAVEN FL 33881	☐ Delete	S Tammy Slaughter 354 Orrin Circle N.E. Winter Haven Fl. 33881	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CURRY, TONYA 2622 AVENUE C SW WINTER HAVEN FL 33880	☐ Delete	S.A.A Michelle Mitchell 2528 6th St. N.E. Winter Haven Fl. 33881	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BYRD, CARLENE 364 ORRIN CIRCLE N.E. WINTER HAVEN FL 33881	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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 4-16-01 863-401-9995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #