

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005687

1. Entity Name

WALLACE COUNTRY INDUSTRIAL PARK ASSOCIATION, INC

Principal Place of Business

5654 JASON LEE PL
SARASOTA FL 34233

Mailing Address

5654 JASON LEE PL
SARASOTA FL 34233

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

7330 S. Tamiami Trail

Sarasota FL

34231

USA

6. Name and Address of Current Registered Agent

DRAKE, J. KEVIN
1432 FIRST ST.
SARASOTA FL 34236

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	PD	<input type="checkbox"/> Delete
NAME	WALLACE, EARL E	
STREET ADDRESS	5654 JASON LEE PL	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WALLACE, NAOMI A	
STREET ADDRESS	5654 JASON LEE PL	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	ROBERTS, DONNA DIANE	
STREET ADDRESS	5654 JASON LEE PL	
CITY-ST-ZIP	SARASOTA FL 34233	
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	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, EARL E	
STREET ADDRESS	P.O. BOX 20588	
CITY-ST-ZIP	SARASOTA, FL 34276	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, NAOMI A	
STREET ADDRESS	P.O. BOX 20588	
CITY-ST-ZIP	SARASOTA, FL 34276	
TITLE	TSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, DONNA DIANE	
STREET ADDRESS	P.O. BOX 20596	
CITY-ST-ZIP	SARASOTA, FL 34276	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

3/7/02

Date

(941) 902-8576

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90018 025 ****61.25