

2000 UNIFORM BUSINESS REPORT (UBR)

5/8/

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-08-2000 90100 018 ****61.25

DOCUMENT # N99000002306

1. Entity Name

POLK COUNTY CITIZEN REVIEW, INCORPORATED

R

Principal Place of Business

141 - 5TH ST., NW
WINTER HAVEN FL 33881

Mailing Address

141 - 5TH ST., NW
WINTER HAVEN FL 33881-4649

2. Principal Place of Business

255 North Broadway Ave

Suite, Apt. #, etc.

Court Administration

3. Mailing Address

P.O. Box 9000, Drawer J102

Suite, Apt. #, etc.

City & State

Bartow, FL

City & State

Bartow, FL

4. FEI Number

59-364-9822

☒ Applied For

☐ Not Applicable

Zip
33830

Country
Polk

Zip
33831-9000

Country
Polk

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, KERRY M
141 - 5TH ST., NW
WINTER HAVEN FL 33881

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	LILES, SANDRA R	
STREET ADDRESS	1103 LAKE ALFRED RD.	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARDY, SHIRLEY A	
STREET ADDRESS	2409 FUTCH RD	
CITY-ST-ZIP	LAKELAND FL 33811-1410	
TITLE	D	<input type="checkbox"/> Delete
NAME	THRELKEL, JAMES B	
STREET ADDRESS	1315 N. LAKE ELBERT DR.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Liles, Sandra R	
STREET ADDRESS	2500 21st Street NW # 10	
CITY-ST-ZIP	Winter Haven, FL 33881	
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		
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)(l), 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 *Shirley A. Hardy* **Shirley A. Hardy** **04/14/00** **(863) 534-4656**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)