## 2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 08, 2002 8:00 am<sup>§</sup> Secretary of State DOCUMENT # **N99000002743** 1. Entity Name CLEWISTON REDEVELOPMENT AGENCY, INC. 05-08-2002 90014 009 \*\*\*\*61.25 Principal Place of Business 44 SUCARLAND HIGHWAY SUGARLAND HIGHWAY CLEWISTON FL 33440 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0811015 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENDRY, JOSEPH-Mill= Street Address (P.O. Box Number is Not Acceptable). 606 W SUGARLAND HIGHWAY CLEWISTON FL 33440 City 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11, Delete SD TITLE ☐ Addition ANDERSON, JEAN NAME NAME 339 WEST EL PASO STREET ADDRESS STREET ADDRESS **CLEWISTON FL 33440** City-St-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition COUSE, MILLER NAME JEFF BARWICK NAME 544 SUGARLAND HIGHWAY Cac Saginan Ma STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEWISTON FL 33440 Claustin FL 33440 CITY-ST-7IP Delete TITLE Addition Change DYESS, KAY DARREN SMITH AVE NAME NAME P.O. BOX 275 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEWISTON FL 33440 CITY-ST-ZIP Clausson & TITLE TITLE Addition ☐ Change DAVE LYONS 402 E. SUBARIAND Hay FRY, CURTIS NAME NAME STREET ADDRESS 111 SAN BENITO STREET ADDRESS Chewister FE 334/w CITY-ST-ZIP **CLEWISTON FL 33440** CITY-ST-ZIP TITLE Delete RACHEL PARRISH TITLE ☐ Change Addition MURRISH, PAT 112 E. SUGARLAND HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEWISTON FL 33440** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition HOWELL, CHRIS NAME 407 E. DEL RIO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEWISTON FL 33440

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 dress, with all other like empowered

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR