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2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State
05-11-2000 90286 019 ****61.25

DOCUMENT # N99000006451

1. Entity Name

THE CROTON SOCIETY, INCORPORATED

Principal Place of Business	Mailing Address
712 COUNTRY CLUB DRIVE TAMPA FL 33612	712 COUNTRY CLUB DRIVE TAMPA FL 33612-5628

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4907 Headland Hills Ave	POB 24892
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Tampa Florida	City & State: Tampa, FLorida
Zip: 33625-6610 Country: USA	Zip: 33623-4892 Country: USA

4. FEI Number: 59-3639181 ☐ 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
HUTCHINSON, THOMAS H 712 COUNTRY CLUB DRIVE TAMPA FL 33612	Name: Comelia Hoerstgen Street Address (P.O. Box Number is Not Acceptable): 4907 Headland Hills Avenue City: Tampa FL Zip Code: 33625

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: Thomas H Hutchinson Thomas H. Hutchinson 4/24/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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	President Ron Parlett, Ed 12907 N Albany Ave Tampa, FL ☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Bill Carr 2210 Wedgewood Ct Plant City, FL ☐ Delete T	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Julie Blauman POB 5597 Sun City Ctr, FL ☐ Delete T	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Comelia Hoerstgen 4907 Headland Hills Ave Tpa, FL ☐ Delete T	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: Cornelia Hoerstgen Cornelia Hoerstgen 4/24/00
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTIVE OFFICER OR DIRECTOR — Date — Daytime Phone#