

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007150

1. Entity Name

CHURCH STREET HISTORIC DISTRICT, INC.

Principal Place of Business

750 EAST CHURCH ST.  
BARTOW FL 33830

Mailing Address

750 EAST CHURCH ST.  
BARTOW FL 33830

FILED

May 28, 2002 8:00 am  
Secretary of State

05-28-2002 91624 026 \*\*\*\*61.25

455975



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

750 East Church St.  
Suite, Apt. #, etc.

3. Mailing Address

750 East Church St.  
Suite, Apt. #, etc.

City & State

Bartow, FL

City & State

Bartow, FL

4. FEI Number

59-3632732

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALDERMAN, DIANE  
750 EAST CHURCH ST.  
BARTOW FL 33830

7. Name and Address of New Registered Agent

Name Betty H. Peters  
Street Address (P.O. Box Number is Not Acceptable)  
835 East Church St.  
City Bartow, FL Zip Code 33830

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

Betty H. Peters

Betty H. Peters

5-2-02

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HENRY, MARY<br>840 EAST CHURCH ST.<br>BARTOW FL 33830     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>ALDERMAN, DIANE<br>750 EAST CHURCH ST.<br>BARTOW FL 33830 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>PETERS, BETTY<br>850 EAST CHURCH ST.<br>BARTOW FL 33830   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                         |                                                                              |
|------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President<br>Betty H. Peters<br>835 East Church St.<br>Bartow, FL 33830 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Vice Pres.<br>Mary Susan Henry<br>840 E. Church St.<br>Bartow, FL 33830 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Sec - Treas.<br>Randy Lachler<br>855 E. Church St.<br>Bartow, FL 33830  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: Betty H. Peters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-02

863-538-1166

Date

Daytime Phone #

CR2E037 (9/01)