

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90987 042 ***150.00

DOCUMENT # P00000023414

1. Entity Name
RE WINTER HAVEN, INC.



Principal Place of Business
**2111 GLENWOOD DR.
STE. 202
WINTER HAVEN FL 32792**

Mailing Address
**2111 GLENWOOD DR.
STE. 202
WINTER HAVEN FL 32792**

11044384



2. Principal Place of Business
2701 Lake Alfred Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Winter Haven, FL

City & State

4. FEI Number **59-3629275**

Applied For
Not Applicable

Zip
33881

Country
Polk

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DC** ☐ Delete
NAME **DEERING, LAWRENCE R**
STREET ADDRESS **200 CORPORATE CENTER DR., STE. 360**
CITY-ST-ZIP **MOON TOWNSHIP PA 15108**

TITLE **DP** ☐ Delete
NAME **CONTE, JOSEPH D**
STREET ADDRESS **2040 WINTER SPRING BLVD.**
CITY-ST-ZIP **OVIDO FL 32765**

TITLE **DT** ☐ Delete
NAME **CURCIO, EUGENE R**
STREET ADDRESS **200 CORP. CENTER DR., STE. 360**
CITY-ST-ZIP **MOON TOWNSHIP PA 15108**

TITLE **S** ☐ Delete
NAME **CORSETTI, ROSEMARY L**
STREET ADDRESS **200 CORPORATE CENTER DRIVE STE 360**
CITY-ST-ZIP **CORAOPOLIS PA 15108**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D/P/COO** ☒ Change ☐ Addition
NAME **Conte, Joseph D.**
STREET ADDRESS **200 Corporate Center Drive, Suite 360**
CITY-ST-ZIP **Moon Township, PA 15108**

TITLE **D/T** ☒ Change ☐ Addition
NAME **Curcio, Eugene R.**
STREET ADDRESS **200 Corporate Center Drive, Suite 360**
CITY-ST-ZIP **Moon Township, PA 15108**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosemary L. Corsetti

4/7/03 (412) 269-2400

Date

Daytime Phone #

CR2E034 (10/02)