

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000085019**1. Entity Name
VICTREE, INC.**FILED**
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90041 044 ***150.00

0381984

Principal Place of Business
5634 STRUTHERS COURT
WINTER HAVEN FL 33884Mailing Address
5634 STRUTHERS COURT
WINTER HAVEN FL 338842. Principal Place of Business
1803 3rd ST SW3. Mailing Address
1803 3rd ST SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Winter Haven FLCity & State
Winter Haven FL4. FEI Number
59-3670332Applied For
Not ApplicableZip
33880

Country

Zip
33880

Country

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

WORKMAN, MICHAEL E
C/O WENDEL, CRITTON, ET. AL.
5300 SOUTH FLORIDA AVENUE
LAKELAND FL 33813

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Steven Schaffner		
STREET ADDRESS	1803 3rd ST SW		
CITY-ST-ZIP	Winter Haven FL 33880		
TITLE	Vice President	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Aland Ludden		
STREET ADDRESS	1803 4rd ST SW		
CITY-ST-ZIP	Winter Haven FL 33880		
TITLE	Secretary	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Gary Cothron		
STREET ADDRESS	1803 3rd ST SW		
CITY-ST-ZIP	Winter Haven FL 33880		
TITLE	Treasurer	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	James Mitchell		
STREET ADDRESS	1803 3rd ST SW		
CITY-ST-ZIP	Winter Haven FL 33880		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gary C. Cothron GARY C. Cothron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01

Date

8632991216

Daytime Phone #

CR2E034 (10/00)