

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049213

1. Entity Name

STERLING FINANCIAL COMPANY, INC.

FILED

May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90076 019 \*\*\*150.00

Principal Place of Business

Mailing Address

1454 PINE NEEDLE LANE  
KISSIMMEE FL 34744

1454 PINE NEEDLE LANE  
KISSIMMEE FL 34744-2822

2. Principal Place of Business

3. Mailing Address

1131 E. VINE ST.

1131 E. VINE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34744

Country

USA

Zip

Country

4. FEI Number

☒ 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

HARRELL, MICHAEL W  
1454 PINE NEEDLE LANE  
KISSIMMEE FL 34744

Name

Street Address (P.O. Box Number is Not Acceptable)

10 CAROLINA AVE.

City

ST. CLOUD

FL

Zip Code

34769

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

*Michael W. Harrell*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/2000

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, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT  
NAME HARRIS, MICHAEL W  
STREET ADDRESS 1454 PINE NEEDLE LANE  
CITY-ST-ZIP KISSIMMEE FL 34744 ☒ Delete

TITLE DPT  
NAME WILLIAMS, WALKER  
STREET ADDRESS 1820 KING JAMES RD  
CITY-ST-ZIP KISSIMMEE, FL. 34744 ☒ Change ☐ Addition

TITLE DVPS  
NAME HARRIS, LINDA S  
STREET ADDRESS 1454 PINE NEEDLE LANE  
CITY-ST-ZIP KISSIMMEE FL 34744 ☒ Delete

TITLE DVPS  
NAME HARRELL, MICHAEL, W  
STREET ADDRESS 10 CAROLINA AVE.  
CITY-ST-ZIP ST. CLOUD, FL. 34769 ☒ 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

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

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:

*Michael W. Harrell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL W. HARRELL

Date

4/7/2000

Daytime Phone #

(407) 9332573