

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S21948**

1. Entity Name
R.E.S. OF POLK COUNTY, INC.

Principal Place of Business

**971 OHLINGER RD
BABSON PARK FL 33827
US**

Mailing Address

**971 OHLINGER RD
BABSON PARK FL 33827
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**MYERS III, C.B.
130 E CENTRAL AVE
LAKE WALES FL 33853**

7. Name and Address of New Registered Agent

Name

Myers III, C.B. [Signature]

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

Same as previous

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, 2002 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 NAME **P**
STREET ADDRESS **PARADISE, KARIN S**
CITY-ST-ZIP **573 PARADISE OAKS LANE
DELAND FL 32724** ☒ Delete

TITLE NAME **President** ☐ Change ☒ Addition
STREET ADDRESS **Roger Kummert**
CITY-ST-ZIP **U.S. Trust Co. 114 West 47th Street
New York, NY 10036**

TITLE NAME **T**
STREET ADDRESS **SCHMIDT, BARBARA**
CITY-ST-ZIP **971 OHLINGER ROAD
BABSON PARK FL 33827** ☐ Delete

TITLE NAME **VP PRESIDENT** ☒ Change ☐ Addition
STREET ADDRESS **Barbara Schmidt**
CITY-ST-ZIP **Same as previous**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME **D** ☐ Change ☒ Addition
STREET ADDRESS **Edward J. Hukowitz**
CITY-ST-ZIP **1440 Russell Road
Westfield, MA 01086**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME **Steven S. Kirkpatrick (D)** ☐ Change ☒ Addition
STREET ADDRESS **US Trust Co.**
CITY-ST-ZIP **114 West 47th Street
New York, NY 10036**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: **[Signature] Steven S. Kirkpatrick** 26 March 02 212 852-3952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jun 03, 2002 8:00 am
Secretary of State

04-24-2002 90381 036 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)