

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90009 049 ****61.25

DOCUMENT # 703886

1. Entity Name

JEFFERSON COUNTY HISTORICAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**N JEFFERSON ST
 MONTICELLO FL 32345
 US**

**P.O BOX 496
 MONTICELLO FL 32345
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6153432

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

**LINN, BIRNEY
~~HWY 90 E~~
 P.O BOX 335
 MONTICELLO FL 32345**

Name

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

1672 E. WASHINGTON ST.

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **ROBLES, EDUARDO**
 STREET ADDRESS **205 N RHODES ST**
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE **PD Bill Counts** Change Addition
 NAME
 STREET ADDRESS **PO Box 401**
 CITY-ST-ZIP **MON Ticello, FL. 32345**

TITLE **TD** Delete
 NAME **LINN, BIRNEY**
 STREET ADDRESS **HWY 908, P.O. BOX 335**
 CITY-ST-ZIP **MONTICELLO FL 32345**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **DARY LENE, CONNTS**
 STREET ADDRESS **P.O. BOX 401**
 CITY-ST-ZIP **MONTICELLO FL 32345**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **BRINSON, JOHN IV**
 STREET ADDRESS **435 N JEFFERSON ST**
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE **VD BEULAH, BRINSON** Change Addition
 NAME
 STREET ADDRESS **RT2 Box 140**
 CITY-ST-ZIP **Monticello, FL 32344**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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 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:

SIGNATURE REQUIRED
BIRNEY LINN

3-14-2001

\$50

997-3265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)