

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90104 024 \*\*\*\*61.25

**DOCUMENT # 703886**

1. Entity Name  
**JEFFERSON COUNTY HISTORICAL ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**N JEFFERSON ST**      **P.O BOX 496**  
**MONTICELLO FL 32345**      **MONTICELLO FL 32345**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-6153432</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> - \$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>LINN, BIRNEY</b> <b>1672 EAST WASHINGTON STREET</b> <b>P.O BOX 335</b> <b>MONTICELLO FL 32345</b>				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: *Birney Linn*      *Birney Linn*      *4-30-2002*

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD ROBLES, EDUARDO	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	205 N RHODES ST		NAME		
STREET ADDRESS	MONTICELLO FL 32344		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD LINN, BIRNEY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HWY 908, P.O. BOX 335		NAME		
STREET ADDRESS	MONTICELLO FL 32345		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD DARY LENE, CONNTS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 401		NAME		
STREET ADDRESS	MONTICELLO FL 32345		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD BRINSON, JOHN IV	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	435 N JEFFERSON ST		NAME		
STREET ADDRESS	MONTICELLO FL 32344		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	PD COUNTS, BILL	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO BOX 401		NAME		
STREET ADDRESS	MONTICELLO FL 32345		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD BRINSON, BEULAH	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT 2 BOX 140		NAME		
STREET ADDRESS	MONTICELLO FL 32344		STREET ADDRESS		
CITY-ST-ZIP			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: *Birney Linn*      **SIGNATURE REQUIRED**      *4-30-2002*      *858-997-8265*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)