

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731249

1. Entity Name

BAKER COUNTY COUNCIL ON AGING, INC.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90581 024 ****61.25

Principal Place of Business

101 E MACCLENNY AVENUE
MACCLENNY FL 32063

Mailing Address

101 E MACCLENNY AVENUE
MACCLENNY FL 32063

C0020827



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1596339

Applied For

Not Applicable

Zip

Country

Zip

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

RUISE, PANSY
101 E MACCLENNY AVE
MACCLENNY FL 32063

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D RUISE, PANSY P O BOX 353 N/A GLEN ST MARY FL 32040 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRALL, SUSAN 132 FLORIDA AVENUE MACCLENNY FL 32063 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RHODEN, BETTY PO BOX 567 MACCLENNY FL 32063 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUND, CAROL P O BOX 904 693 BARBER BROS CIR MACCLENNY FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, BETTY 505 S MCIVER ST MACCLENNY FL 32063 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ruise, Pansy P.O. Box 353 Glen St. Mary, Florida 32040 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dobson, Linda Rt. 2, 6 Michelle Rd. Macclenny, Fla. 32063 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Anita Gerson 152 College St. Macclenny, Fla. 32063 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD John Kennedy 595 South 6th Street Macclenny, Fla. 32063 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Susan Krall 132 Florida Avenue Macclenny, Fla. 32063 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

Pansy Ruise
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01

904-259-2223

Date

Daytime Phone #

CR2E037 (10/00)