

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90204 039 \*\*\*\*\*70.00

0015159

**DOCUMENT # 739351**  
 1. Entity Name  
**LIBERTY COUNTY SENIOR CITIZENS ASSOCIATION, INC.**

Principal Place of Business HWY 12 SO. PO BOX 730 BRISTOL FL 32321	Mailing Address HWY 12 SO. PO BOX 730 BRISTOL FL 32321
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number <b>59-1769552</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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6. Name and Address of Current Registered Agent  
**COPLEAND, CARROLL**  
**HWY 12 SOUTH PO BOX 612**  
**BRISTOL FL 32321**

7. Name and Address of New Registered Agent  
 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 **CARROLL COPELAND PRESIDENT BOB** *Carroll Copeland* **3-26-2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW:</b> <b>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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COPLEAND, CARROLL</b> <b>HWY 12 SOUTH PO BOX 612</b> <b>BRISTOL FL 32321</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>PROCTOR, CYNTHIA H</b> <b>HWY 20 EAST PO BOX 550</b> <b>BRISTOL FL 32321</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>SUMMERS, MAXINE</b> <b>ROUTE 1, BOX 389</b> <b>BRISTOL FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HORDON, FRED</b> <b>C/O US POSTAL SERVICE, CHURCH ST</b> <b>BRISTOL FL 32321</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>---</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>---</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>SUMNER, RUDY</b> <b>HWY 65 SOUTH PO BOX 72</b> <b>TELOGIA, FL 32360</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOZEMAN SHERRIE</b> <b>CHASON CIRCLE PO BOX 614</b> <b>BRISTOL, FL 32321</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: CARROLL COPELAND PRESIDENT** *Carroll Copeland* **3-26-01** **850-643-5690**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E087 (10/00)