

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90032 044 ****61.25

DOCUMENT # N25690

1. Entity Name

JEFFERSON COUNTY SEMINOLE BOOSTERS, INC.

Principal Place of Business

Mailing Address

P.O BOX 79
 MONTICELLO FL 32345-0079
 US

P.O BOX 79
 MONTICELLO FL 32345-0079
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2708332

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

MAZZA, C.J. JR.
 % BIG BEND TRANSIT INC
 2201 EISENHOWER ST
 TALLAHASSEE FL 32310

Name **LISSA MOON**

Street Address (P.O. Box Number is Not Acceptable)
970 E. PEARL ST.

City **MONTICELLO**

FL

Zip Code
32344-3007

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

Lissa Moon

LISSA MOON

3/30/2000

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	VD	<input type="checkbox"/> Delete
NAME	MOON, LISSA	
STREET ADDRESS	970 E. PEARL ST	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAZZA, SANDI	
STREET ADDRESS	P.O. BOX 3751 N/A	
CITY-ST-ZIP	TALLAHASSEE FL 32315	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUFFACK, ANN	
STREET ADDRESS	525 S. MULBERRY ST	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MAZZA, C.J. JR.	
STREET ADDRESS	P O BOX 3751 N/A	
CITY-ST-ZIP	TALLAHASSEE FL 32315	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAUER, DICK	
STREET ADDRESS	RT 4 BOX 4229	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/2000 (850) 997-5374

Date

Daytime Phone #

CR2E037 (9/99)