

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48003

1. Entity Name

KEEP PUTNAM BEAUTIFUL, INC.

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90097 047 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

205 N 2ND STREET  
PALATKA FL 32177  
US

Mailing Address

P. O. BOX 790  
E. PALATKA FL 32131  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3112168

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

POVLICH, KATHRYN A  
116 E. MAIN ST.  
POMONA PARK FL 32181

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

*Kathryn Povlich* 7/20/00  
Signature, typed or printed name of registered agent and title if applicable.

Kathryn A. Povlich Executive Dir. 7/20/00  
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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

TITLE CD ☐ Delete  
NAME GRIFFETH, JAMES  
STREET ADDRESS 107 CARRIAGE PALCE  
CITY-ST-ZIP PALATKA FL 32177

TITLE SD ☐ Delete  
NAME BANKS, DEBBIE  
STREET ADDRESS 331 STOKES LANDING RD  
CITY-ST-ZIP PALATKA FL 32177

TITLE TD ☐ Delete  
NAME CLAPP, DAVID  
STREET ADDRESS 109 SOUTH 3RD  
CITY-ST-ZIP PALATKA FL 32177

TITLE VCD ☐ Delete  
NAME MOORE, BONNIE  
STREET ADDRESS 877A HUNTER RD  
CITY-ST-ZIP HOLLISTER FL 32147

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD ☐ Change ☐ Addition  
NAME Gail Zeigler  
STREET ADDRESS 133 Federal Point Rd.  
CITY-ST-ZIP E. Palatka, Fl. 32177

TITLE VCD ☐ Change ☐ Addition  
NAME Neal Corey  
STREET ADDRESS 1915 Westover Dr.  
CITY-ST-ZIP Palatka, Fl. 32177

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Change ☐ Addition  
NAME James Griffith  
STREET ADDRESS 107 Carriage Place  
CITY-ST-ZIP Palatka, Fl. 32177

TITLE ☐ Change ☐ Addition  
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

*David Clapp*

Date

Daytime Phone #

7/20/00 904-329-4351