2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # **N95000001567**

1. Entity Name
JACKSON COUNTY DEVELOPMENT COUNCIL, INC.

Principal Place of Business	Mailing Address
2840 JEFFERSON STREET PO BOX 920 MARIANNA FL 32448 US	PO BOX 920 MARIANNA FL 32447 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3306144** ☐ Applied For ☐ Not Applicable

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
BAKER FRANK A 4431 LAFAYETTE ST. MARIANNA FL 32446 US	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 **FRANK A BAKER** **04/30/2001**
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	D	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	BRADWELL ANNIE			NAME			
STREET ADDRESS	3921 SYLVANIA PLANTATION ROAD			STREET ADDRESS			
CITY-ST-ZIP	GREENWOOD FL 32443			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE	S/T	☒ Change	☐ Addition
NAME	BURDESHAW ABBIE J			NAME	BURDESHAW ABBIE J		
STREET ADDRESS	5400 CLIFF STREET			STREET ADDRESS	5400 CLIFF STREET		
CITY-ST-ZIP	GRACEVILLE FL 32440			CITY-ST-ZIP	GRACEVILLE FL 32440		
TITLE	D	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	BRITT GENE			NAME			
STREET ADDRESS	5000 WILMINGTON COURT			STREET ADDRESS			
CITY-ST-ZIP	CAMPBELLTON FL 32426			CITY-ST-ZIP			
TITLE	S/T	☐ Delete		TITLE	VP	☒ Change	☐ Addition
NAME	HENDERSON RILEY JREVEREN			NAME	HENDERSON RILEY JREVEREN		
STREET ADDRESS	4490 JACKSON ROAD			STREET ADDRESS	4490 JACKSON ROAD		
CITY-ST-ZIP	COTTONDALE FL 32431			CITY-ST-ZIP	COTTONDALE FL 32431		
TITLE	P	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	WHITEHURST STAN			NAME			
STREET ADDRESS	4222 HICKORY LANE			STREET ADDRESS			
CITY-ST-ZIP	MARIANNA FL 32448			CITY-ST-ZIP			
TITLE	VP	☐ Delete		TITLE	VP	☒ Change	☐ Addition
NAME	FURR PAT			NAME	HENDERSON RILEY JREVER		
STREET ADDRESS	5310 BLUE SPRINGS RD			STREET ADDRESS	4490 JACKSON ROAD		
CITY-ST-ZIP	MARIANNA FL 32446			CITY-ST-ZIP	COTTONDALEQ FL 32431		

CR2E037 (11/00)

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: STAN WHITEHURST PRES 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #