

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90039 033 \*\*\*\*61.25

**DOCUMENT # N95000002399**

1. Entity Name  
**TAYLOR COUNTY 4-H FOUNDATION, INC.**

Principal Place of Business <b>203 FOREST PARK DRIVE          PERRY FL 32347</b>	Mailing Address <b>203 FOREST PARK DRIVE          PERRY FL 32347</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>203 Forest Park Drive</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Perry Florida</b>	City & State
Zip <b>32348</b>	Country
Country	Zip <b>32348</b>
Country	Country

4. FEI Number <b>59-3360878</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**OLSON, CLAY B**  
**203 FOREST PARK DRIVE**  
**PERRY FL 32347 32348**

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 *Clay Olson* DATE **1-24-02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: 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	<input type="checkbox"/> Delete	<b>BISHOP, CONRAD C JR.</b> <b>POST OFFICE BOX 167 N/A</b> <b>PERRY FL 32347</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>BUTLER, LOUISE</b> <b>2752 S. BYRON BUTLER PKWY</b> <b>PERRY FL 32347</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>WHITFIELD, DIANE</b> <b>POST OFFICE BOX 778 COURTNEY GRADE</b> <b>PERRY FL 32347</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>HATHCOCK, SHARON</b> <b>508 N AQUANALDO, RT 9 BOX 988</b> <b>PERRY FL 32347</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>ALEXANDER, AL</b> <b>118 MIMOSA LANE</b> <b>PERRY FL 32347</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>HOUCK, HELEN</b> <b>ROUTE 3 BOX 464</b> <b>PERRY FL 32347</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>zip = 32348</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>zip = 32348</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>zip = 32348</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>7050 Red Adgett Road</b> <b>Perry Florida 32348</b>

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: *Diane Whitfield* DATE: **1-24-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)