

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004063

1. Entity Name

COLEMAN FEDERAL CORRECTIONAL COMPLEX EMPLOYEES'

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90208 005 ****70.00

Principal Place of Business

Mailing Address

COLEMAN FEDERAL CORRECTIONAL COMPLEX
846 NE 54TH TERRACE
COLEMAN FL 33521

COLEMAN FEDERAL CORRECTIONAL COMPLEX
846 NE 54TH TERRACE
COLEMAN FL 33521



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3337356

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

ADAMS, FELIX M
236 N MAIN STREET
BUSHNELL FL

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

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 ☐ Delete
NAME D
STREET ADDRESS DERVAN, RHYS
CITY-ST-ZIP 836 54 TERRACE
COLEMAN FL 33521

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

TITLE ☐ Delete
NAME T
STREET ADDRESS STEELE, MIKE
CITY-ST-ZIP 836 54 TERRACE
COLEMAN FL 33521

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

TITLE ☐ Delete
NAME T
STREET ADDRESS MOREY, BILLIE
CITY-ST-ZIP 836 54 TERRACE
COLEMAN FL 33521

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

TITLE ☐ Delete
NAME S
STREET ADDRESS HARRIS, MARGARET
CITY-ST-ZIP 836 54 TERRACE
COLEMAN FL

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

TITLE ☐ Delete
NAME T
STREET ADDRESS FAISON, MELISSA
CITY-ST-ZIP 836 54 TERRACE
COLEMAN FL

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

TITLE ☐ Delete
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: *Melissa Faison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 (352)
Date 330-3044
Daytime Phone #

CR2E037 (9/99)