

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 COLEMAN FEDERAL CORRECTIONAL COMPLEX 846 NE 54TH TERRACE COLEMAN FL 33521	Mailing Address COLEMAN FEDERAL CORRECTIONAL COMPLEX 846 NE 54TH TERRACE COLEMAN FL 33521
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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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	DERVAN, RHYS	836 54 TERRACE	COLEMAN FL 33521	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	STEELE, MIKE	836 54 TERRACE	COLEMAN FL 33521	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	MOREY, BILLIE	836 54 TERRACE	COLEMAN FL 33521	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	HARRIS, MARGARET	836 54 TERRACE	COLEMAN FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	FAISON, MELISSA	836 54 TERRACE	COLEMAN FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 Daytime Phone #

CR2E037 (9/99)