

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004063

1. Entity Name

COLEMAN FEDERAL CORRECTIONAL COMPLEX EMPLOYEES'

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3337356

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

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	D DERVAN, RHYS 836 54 TERRACE COLEMAN FL 33521	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEELE, MIKE 836 54 TERRACE COLEMAN FL 33521	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOREY, BILLIE 836 54 TERRACE COLEMAN FL 33521	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIS, MARGARET 836 54 TERRACE COLEMAN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAISON, MELISSA 836 54 TERRACE COLEMAN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAISON, JIM 836 54 TERRACE COLEMAN, FL 33521	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUTZEBECK, LINDA 836 54 TERRACE COLEMAN, FL 33521	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BREEDEN, KIM 836 54 TERRACE COLEMAN, FL 33521	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GONZALEZ, CYNTHIA 836 54 TERRACE COLEMAN, FL 33521	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TORRES, DEBBIE 836 54 TERRACE COLEMAN, FL 33521	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DEBBIE TORRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 17, 2001

(352)330-3043

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90131 034 ****70.00



DO NOT WRITE IN THIS SPACE