

2001 UNIFORM BUSINESS REPORT (UBR)

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

01-29-2001 90138 042 ****61.25

DOCUMENT # N97000000112

1. Entity Name

TRI-COUNTY ADVISORY COUNCIL, INC.

Principal Place of Business

269 KELLY AVENUE
 BLOUNTSTOWN FL 32424

Mailing Address

269 KELLY AVENUE
 BLOUNTSTOWN FL 32424

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

59-3419163

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

907008



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAGAN, HARRY
269 KELLY AVENUE
BLOUNTSTOWN FL 32424

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	P/D RICH, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 248	
CITY-ST-ZIP	WEWAHITCHKA FL 32465	
TITLE NAME	T/D ROSS, VERMON	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 399	
CITY-ST-ZIP	BRISTOL FL 32321	
TITLE NAME	D SHEPPARD, KEN	<input type="checkbox"/> Delete
STREET ADDRESS	1615 W. CENTRAL AVENUE	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE NAME	D NORTON, CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS	103 SAINT JOSEPH DRIVE	
CITY-ST-ZIP	PORT ST. JOE FL 32456	
TITLE NAME	D BROWN, JOE	<input type="checkbox"/> Delete
STREET ADDRESS	RT. 1, BOX 67-D	
CITY-ST-ZIP	HOSFORD FL 32334	
TITLE NAME	D CARTER, ROY	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 250	
CITY-ST-ZIP	WEWAHITCHKA FL 32465	

TITLE NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VERNON misspelled	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry Hagan 1/18/01

Date

850-674-9787

Daytime Phone #

CR2E037 (10/00)

Item 10

Addition

S/D
EARNIE SUMNER
R.T.1, BOX 68
HOSFORD, FL 32334

Attachment
967008
N97000000112