

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90089 041 \*\*\*\*61.25

**DOCUMENT # N97000000112**

1. Entity Name  
**TRI-COUNTY ADVISORY COUNCIL, INC.**

Principal Place of Business      Mailing Address  
**269 KELLY AVENUE**      **269 KELLY AVENUE**  
**BLOUNTSTOWN FL 32424**      **BLOUNTSTOWN FL 32424**

2. Principal Place of Business      3. Mailing Address  
**20872 NE KELLY Av.**      **20872 NE KELLY Av.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Blountstown, FLA.**      **Blountstown, FLA**  
 Zip      Country      Zip      Country  
**32424**      **USA**      **32424**      **USA**

4. FEI Number      Applied For  
**59-3419163**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**HAGAN, HARRY**  
**269 KELLY AVENUE**  
**BLOUNTSTOWN FL 32424**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**20872 NE KELLY Av.**  
 City      State      Zip Code  
**Blountstown**      **FL**      **32424**

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. I am familiar with, and accept the obligations of registered agent.

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

After September 13, 2002, min. will be \$236.25.      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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RICH, DAVID P.O. BOX 248 WEWAHITCHKA FL 32465 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ROSS, VERNON P.O. BOX 399 BRISTOL FL 32321 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPPARD, KEN 1615 W. CENTRAL AVENUE BLOUNTSTOWN FL 32424 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTON, CHARLES 103 SAINT JOSEPH DRIVE PORT ST. JOE FL 32456 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JOE RT. 1, BOX 67-D HOSFORD FL 32334 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, ROY P.O. BOX 250 WEWAHITCHKA FL 32465 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D EARNEST W. SUMNER RT. 1, Box 68 HOSFORD, FL 32334 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *[Signature]* **REQUIRED**      8/23/02 (850) 488-8224

CR2E037 (4/02)