

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90013 035 ****61.25

DOCUMENT # N97000004936

1. Entity Name
HENDRY COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.

Principal Place of Business Mailing Address
250 LEE STREET PO BOX 2518
LABELLE FL 33935 LABELLE FL 33975

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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 **65-0783834** 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

KERN, CARL E III
HENDRY COUNTY COURTS BUILDING ANNEX
50 SOUTH BRIDGE STREET
LABELLE FL 33935

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

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	D <input type="checkbox"/> Delete
NAME	JORDAN, MIKE
STREET ADDRESS	155 N. BRIDGE ST - HENDRY CO BANK
CITY-ST-ZIP	LABELLE FL 33935
TITLE	D <input type="checkbox"/> Delete
NAME	VINSON, MIKE
STREET ADDRESS	US HWY 27 S. - GLADES ELEC CO-OP
CITY-ST-ZIP	MOORE HAVEN-FL 33471
TITLE	D <input type="checkbox"/> Delete
NAME	SIMMONS, CRAIG
STREET ADDRESS	640 S. MAIN ST. - ALICO
CITY-ST-ZIP	LABELLE FL 33935
TITLE	D <input type="checkbox"/> Delete
NAME	HIGGINBOTHAM, ANDY
STREET ADDRESS	150 S. MAIN ST - HIGGINBOTHAM & CO
CITY-ST-ZIP	LABELLE FL 33935
TITLE	D <input type="checkbox"/> Delete
NAME	MCCARTHY, DAN
STREET ADDRESS	811 W. ROYAL PALM AVE. - GLADES GAS CO
CITY-ST-ZIP	CLEWISTON FL 33440
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *ANDREW J HIGGINBOTHAM* **ANDREW J HIGGINBOTHAM** 1/19/2001 863-675-3903
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)