

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N990000004040

1. Entity Name

Jerusalem/Mt. Olive Community Association, Inc.

Principal Place of Business

2679 South Highway 73
Marianna, Florida 32448

Mailing Address

Same

2. Principal Place of Business

2679 South Highway 73

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

City & State

City & State

Marianna, Florida

Zip

Country

Zip

Country

32448

USA

4. FEI Number

☒

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED
00 JUN -2 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Ephraim Thomas
2679 South Highway 73
Marianna, Florida 32448

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

Thomas J. Ephraim

5/4/00

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 DT ☐ Delete
NAME Christine Speights
STREET ADDRESS 2006 Highway 73
CITY-ST-ZIP Marianna, Florida 32448

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700003306217--8
CITY-ST-ZIP -06/27/00--01045--001
*****61.00 *****61.00

TITLE D ☐ Delete
NAME Shaw Roulhac
STREET ADDRESS 3040 Five Point Road
CITY-ST-ZIP Cottrondale, Florida 32431

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700003306217--8
CITY-ST-ZIP -06/27/00--01045--002
*****0.25 *****0.25

TITLE DV ☐ Delete
NAME Isaiah Morgan
STREET ADDRESS 2032 Highway 73
CITY-ST-ZIP Marianna, Florida 32448

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME Norma Merritt
STREET ADDRESS 2669 Highway 73
CITY-ST-ZIP Marianna, Florida 32448

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME Naomi Merritt
STREET ADDRESS 4424 Pandora Road
CITY-ST-ZIP Marianna, Florida 32448

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME Betty J. Maybon
STREET ADDRESS 3343 Five Points Road
CITY-ST-ZIP Cottrondale, Florida 32431

TITLE ☐ Change ☐ 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:

Norma Merritt

Norma Merritt

5/4/00

482-4353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)