

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006885

1. Entity Name

JEFFERSON COUNTY ECONOMIC DEVELOPMENT COUNCIL, I

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90007 029 ****61.25

Principal Place of Business 420 W WASHINGTON ST MONTICELLO FL 32344	Mailing Address 420 W WASHINGTON ST MONTICELLO FL 32344
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business RT 1 Box 11 Suite, Apt. #, etc.	3. Mailing Address RT 1 Box 11 Suite, Apt. #, etc.
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City & State MONTICELLO FL	City & State MONTICELLO, FL	4. FEI Number 59-3616301	Applied For <input type="checkbox"/> Not Applicable
Zip 32344	Country JEFFERSON	Zip 32344	Country JEFFERSON

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

REICHMAN, MICHAEL A
 380 N JEFFERSON ST
 MONTICELLO FL 32344

7. Name and Address of New Registered Agent

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BOATWRIGHT, JERRY RT 1, BOX 111-D LAMONT FL 32336 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, RAY P O BOX 758 MONTICELLO FL 32345 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOATWRIGHT, DALE RT 1, BOX 111-X LAMONT FL 32336 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOW, FRANK RT 2, BOX 121-J MONTICELLO FL 32344 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, C P RT 1, BOX 43 MONTICELLO FL 32344 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, TRACEY P O BOX 338 MONTICELLO FL 32345 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: Jerry G. Boatwright 3/22/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)