

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90112 037 ****61.25

DOCUMENT # N99000006885

1. Entity Name

**JEFFERSON COUNTY ECONOMIC DEVELOPMENT COUNCIL, I
 NC.**

Principal Place of Business

Mailing Address

**RT 1 BOX 11
 MONTICELLO FL 32344**

**RT 1 BOX 11
 MONTICELLO FL 32344**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1475 S JEFFERSON ST

Suite, Apt. #, etc.

1475 S JEFFERSON ST

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3616301**

Applied For

Not Applicable

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

**REICHMAN, MICHAEL A
 380 N JEFFERSON ST
 MONTICELLO FL 32344**

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

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

Date

Daytime Phone #

1/28/02 850-997-6559

CR2E037 (9/01)