

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90179 046 ****61.25

DOCUMENT # N99000006885



1. Entity Name
**JEFFERSON COUNTY ECONOMIC DEVELOPMENT COUNCIL, I
NC.**

Principal Place of Business Mailing Address
1475 S JEFFERSON ST 1475 S JEFFERSON ST
MONTICELLO FL 32344 MONTICELLO FL 32344

90005855



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

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. 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)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	BOATWRIGHT, JERRY	
STREET ADDRESS	RT 1, BOX 111-D	
CITY-ST-ZIP	LAMONT FL 32336	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANE, RAY	
STREET ADDRESS	P O BOX 758	
CITY-ST-ZIP	MONTICELLO FL 32345	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLOW, FRANK	
STREET ADDRESS	RT 2, BOX 121-J	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, C P	
STREET ADDRESS	RT 1, BOX 43	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JACKSON, TRACEY	
STREET ADDRESS	P O BOX 338	
CITY-ST-ZIP	MONTICELLO FL 32345	
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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CITY-ST-ZIP		
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: *Jerry Boatwright* **JERRY BOATWRIGHT 1/15/03 850-897-0059**

CR2E037 (10/02)