

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90229 003 \*\*\*150.00

**DOCUMENT # 185197**

1. Entity Name

**MADISON COUNTY TOBACCO WAREHOUSE INC**

Principal Place of Business

105 S DUVAL ST  
 P O DRAWER 771  
 MADISON FL 32340

Mailing Address

105 S DUVAL ST  
 P O DRAWER 771  
 MADISON FL 32340

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 **59-1284700**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ANDREWS, L, ROBERT**  
**105 S DUVAL ST**  
**MADISON FL 32340**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	RAGANS, PAUL	
STREET ADDRESS	ROUTE 2	
CITY-ST-ZIP	MADISON FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HENDERSON, ALVIN	
STREET ADDRESS	SR 255 NORTH	
CITY-ST-ZIP	LEE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROWE JR, RANDELL	
STREET ADDRESS	207 SE SHELBY ST.	
CITY-ST-ZIP	MADISON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOWNSEND, GEORGE	
STREET ADDRESS	ROUTE 1	
CITY-ST-ZIP	PINETTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREWS, L, ROBERT	
STREET ADDRESS	US 90 EAST	
CITY-ST-ZIP	MADISON FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOWARD, JOYCE E.	
STREET ADDRESS	P.O. BOX 995 N/A	
CITY-ST-ZIP	MADISON FL 32341	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joyce E Howard* **Joyce E Howard** 1-10-01 850973-4191  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

714538



DO NOT WRITE IN THIS SPACE

CRE034 (10/00)