

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2000 8:00 am**  
**Secretary of State**

02-13-2000 90012 003 \*\*\*150.00

**DOCUMENT # 371705**

1. Entity Name

**RURAL DEVELOPMENT CORPORATION**

Principal Place of Business

Mailing Address

~~HIGHWAY 379~~  
~~P.O. BOX 70~~  
~~GREENSBORO FL 32330~~

~~HIGHWAY 379~~  
~~P.O. BOX 70 D~~  
~~GREENSBORO FL 32330-0803~~

2. Principal Place of Business

3. Mailing Address

**3612 Juniper Rd.**  
 Suite, Apt. #, etc.

**P.O. Box D**  
 Suite, Apt. #, etc.

City & State

**Quincy FL**

City & State

**Greensboro**

4. FEI Number

**59-1366102**

Applied For

Not Applicable

Zip

**32351**

Country

**Gadsden**

Zip

**32330-0803**

Country

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

**FLETCHER, A.C.**  
~~HIGHWAY 379~~  
~~P.O. BOX 70~~  
~~GREENSBORO FL 32330~~

Name **3612 Juniper Rd.**  
 Street Address (P.O. Box Number is Not Acceptable)

City **Quincy** **FL** Zip Code **32351**

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, 2000 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	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>FLETCHER, A.C.</b>	
STREET ADDRESS	<del>HWY 379</del>	
CITY-ST-ZIP	<b>GREENSBORO FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>FENN, ROSALYN</b>	
STREET ADDRESS	<del>HWY 274</del>	
CITY-ST-ZIP	<b>GREENSBORO FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HALL, GLENDA F.</b>	
STREET ADDRESS	<b>338 HOLMES ST.</b>	
CITY-ST-ZIP	<b>FT. WALTON FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3612 Juniper Rd.</b>	
STREET ADDRESS	<b>Quincy FL 32351</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3612 Juniper Rd.</b>	
STREET ADDRESS	<b>Quincy FL 32351</b>	
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:

*A.C. Fletcher*  
**A.C. Fletcher**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/00**  
 Date

**(850) 442-6434**  
 Daytime Phone #

CR2E034 (9/99)