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## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 12, 2002 8:00 am DOCUMENT # 371705 **Secretary of State** 1. Entity Name RURAL DEVELOPMENT CORPORATION 02-12-2002 90059 017 \*\*\*150 00 Principal Place of Business Mailing Address 3612 JUNIPER RD P.O. BOX.D QUINCY FL 32351 GREENSBORO FL 32330 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1366102 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLETCHER, A.C. Address (P.O. Box Number is Not Acceptable) 3612 JUNIPER RD QUINCY FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Vice Pres (10/6)TITLE 🔼 Delete TITLE FLETCHER, A.C. NAME NAME 511 Hopkins Landing Rd CR2E034 STREET ADDRESS 3612 JUNIPER RD STREET ADDRESS CITY-ST-ZIP QUINCY FL 32351 CITY-ST-ZIP SD ☐ Change Addition TITLE ☐ Delete TITLE FENN. ROSALYN Patricia F. Vice NAME STREET ADDRESS 1372 PROVIDENCE RD. STREET ADDRESS Solu NW 36th st Gainesville Fl CITY-ST-ZIP QUINCY FL 32351 CITY-ST-ZIP PD Diversion Delete TITLE Change Addition HALL, GLENDA F. NAME NAME agen STREET ADDRESS STREET ADDRESS 338 HOLMES ST. CITY-ST-ZIP CITY-ST-7IP FT. WALTON FL Delete TITLE ☐ Change X Addition TITLE anet Bridges 28 Mathew Clark Rd NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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