

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703477

1. Entity Name

JACKSON COUNTY SHERIFF'S POSSE, INCORPORATED

Principal Place of Business

Mailing Address

% JACKSON COUNTY COURTHOUSE  
P.O. BOX 5811  
MARIANNA FL 32446

% JACKSON COUNTY COURTHOUSE  
P.O. BOX 5811  
MARIANNA FL 32447-5811

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

NOT APPLICABLE

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

DAVIS, JOSEPH M.  
RT 2 HAMILTON SPRINGS RD  
ALTHA FL 32421

Name ADKINS, Michael R.

Street Address (P.O. Box Number is Not Acceptable)

30 SAM DUNCAN RD.

City ALTHA

FL

Zip Code 32421

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

Michael R. Adkins

Michael R. Adkins

2/7/00

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 PD  
NAME DAVIS, JOSEPH M.  
STREET ADDRESS RT 2 HAMILTON SPRINGS RD  
CITY-ST-ZIP ALTHA FL ☒ Delete

TITLE PD  
NAME ADKINS, Michael R.  
STREET ADDRESS 30 SAM DUNCAN RD.  
CITY-ST-ZIP ALTHA, FL 32421 ☒ Change ☐ Addition

TITLE TD  
NAME MCMILLIAN, DEDE  
STREET ADDRESS 122 PEACH ORCHARD DRIVE  
CITY-ST-ZIP SNEADS FL 32460 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD  
NAME ADKINS, MICHAEL R.  
STREET ADDRESS 30 SAM DUNCAN RD  
CITY-ST-ZIP ALTHA FL 32421 ☒ Delete

TITLE VPD  
NAME DAVIS, Joseph M.  
STREET ADDRESS Rt. 2 Hamilton Springs Rd.  
CITY-ST-ZIP ALTHA, FL 32421 ☒ Change ☐ Addition

TITLE SD  
NAME MCPHERSON, ALICE  
STREET ADDRESS 2642 KYNESVILLE RD  
CITY-ST-ZIP COTTONDALE FL 32431 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Michael R. Adkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 24, 2000 8:00 am  
Secretary of State

02-24-2000 90009 012 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)