

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704468

1. Entity Name

SEMINOLE COMMUNITY CENTER

Principal Place of Business

Mailing Address

1470 CEDAR STREET
PO BOX 386
NICEVILLE FL 32588-7386

1470 CEDAR STREET
PO BOX 386
NICEVILLE FL 32588-0386

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

59-2913494

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

FIELDS, WARREN
1538 HICKORY ST.
NICEVILLE FL 32578

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

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 SD
NAME MCLEAN, DOROTHY
STREET ADDRESS 1489 CYPRESS ST.
CITY-ST-ZIP NICEVILLE FL ☒ Delete

TITLE D
NAME BAILEY, GEORGIA
STREET ADDRESS 1440 CATMAR RD
CITY-ST-ZIP NICEVILLE FL 32578 ☐ Delete

TITLE D
NAME COLLINS, CAROL
STREET ADDRESS 1458 CATMAR ST
CITY-ST-ZIP NICEVILLE FL 32578 ☒ Delete

TITLE DC
NAME FREEMAN, LILLIAN
STREET ADDRESS 1485 PINE ST.
CITY-ST-ZIP NICEVILLE FL 32578 ☒ Delete

TITLE D
NAME BILL DOWNEY SR
STREET ADDRESS 1516 CATMAR ST
CITY-ST-ZIP NICEVILLE FL 32578 ☒ Delete

TITLE D
NAME FIELD, HELEN
STREET ADDRESS 1538 HICKORY
CITY-ST-ZIP NICEVILLE FL 32578 ☐ Delete

TITLE SD
NAME HERRING, ROBYN
STREET ADDRESS 1421 Catmar Rd
CITY-ST-ZIP NICEVILLE, FL 32578 ☐ Change ☒ Addition

TITLE CD
NAME Taunton, Josie
STREET ADDRESS 1481 Cypress St.
CITY-ST-ZIP NICEVILLE, FL 32578 ☐ Change ☒ Addition

TITLE VD
NAME Cooper, Jason
STREET ADDRESS 1594 Cedar
CITY-ST-ZIP niceville, FL 32578 ☐ Change ☒ Addition

TITLE TD
NAME Caetwright, James
STREET ADDRESS 1461 Live Oak
CITY-ST-ZIP NICEVILLE, FL 32578 ☐ Change ☒ Addition

TITLE D
NAME Easterly, Greg
STREET ADDRESS 1529 Hickory
CITY-ST-ZIP NICEVILLE, FL 32578 ☐ Change ☒ Addition

TITLE D
NAME Blythe, Terry
STREET ADDRESS 4613 E Hwy 20
CITY-ST-ZIP NICEVILLE, FL 32578 ☐ 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: Robyn Herring ROBYN HERRING 850-897-2148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR)

Attachment
00034304

DOCUMENT # 704468

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Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

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Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

104468 ^{Attachment} Seminole Community Center 00031006
2000 Board of Directors

- | | |
|--------------------------------------|-----------------------------|
| ① Taunton, Josie
1481 Cypress | CHAIRMAN |
| ② Cooper, Jason
1594 Cedar | VICE CHAIRMAN |
| ③ Cartwright, James
1461 Live Oak | Treasurer |
| ④ Herring, Robyn
1421 Catman | Secretary |
| ⑤ Easterly, Greg
1529 Hickory | Director |
| ⑥ Blythe, Terry
4613 E. Hwy 20 | Director |
| ⑦ Rothrock, Steve
1417 Catman | Director |
| ⑧ Stanfill, Mike
1487 Hickory | Director |
| ⑨ Georgia Bailey
1440 Catman | Director
Bailey, Georgia |
| ⑩ Fields, Helen
1538 Hickory | Director |