

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 716776**

1. Entity Name

JEFFERSON COUNTY WATERMELON FESTIVAL ASSOCIATION**FILED****Apr 10, 2000 8:00 am**
Secretary of State

04-10-2000 90015 017 ****61.25

Principal Place of Business

Mailing Address

ASSOCIATION INC
420 WEST WASHINGTON STREET
MONTICELLO FL 32344**ASSOCIATION INC**
420 WEST WASHINGTON STREET
MONTICELLO FL 32344-1446

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1808219

Applied For

Not Applicable

Zip

Country

Zip

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

REICHMAN, MICHAEL A.
380 N. JEFFERSON
MONTICELLO FL 32344

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 \$61.259. 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 **P** ☒ Delete
NAME **EURE, KIMBERLY**
STREET ADDRESS **435 S MULBERRY ST**
CITY-ST-ZIP **MONTICELLO FL 32344**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VT** ☐ Delete
NAME **BEATY, LIZ**
STREET ADDRESS **217 N MONROE**
CITY-ST-ZIP **TALLAHASSEE FL 32302**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HANKS, CARL**
STREET ADDRESS **420 WEST WASHINGTON**
CITY-ST-ZIP **MONTICELLO FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BOATWRIGHT, JERRY**
STREET ADDRESS **340 U. S. 90 E**
CITY-ST-ZIP **MONTICELLO FL 32344**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **WHITSON, RUBY**
STREET ADDRESS **420 W WASHINGTON ST**
CITY-ST-ZIP **MONTICELLO FL 32344**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P+D** ☐ Delete
NAME **Mary Frances Kern**
STREET ADDRESS **420 W Washington St**
CITY-ST-ZIP **Monticello FL 32344**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Liz Beaty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4-4-00**

Date

850 671 0456

Daytime Phone #

CR2E037 (9/99)