

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716776

1. Entity Name

JEFFERSON COUNTY WATERMELON FESTIVAL ASSOCIATION  
, INC.

Principal Place of Business

ASSOCIATION INC  
420 WEST WASHINGTON STREET  
MONTICELLO FL 32344

Mailing Address

ASSOCIATION INC  
420 WEST WASHINGTON STREET  
MONTICELLO FL 32344

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 59-1808219

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

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 \$61.25

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 VT  
NAME BEATY, LIZ  
STREET ADDRESS 217 N MONROE  
CITY-ST-ZIP TALLAHASSEE FL 32302 ☐ Delete

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

TITLE D  
NAME HANKS, CARL  
STREET ADDRESS 420 WEST WASHINGTON  
CITY-ST-ZIP MONTICELLO FL ☐ Delete

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

TITLE D  
NAME BOATWRIGHT, JERRY  
STREET ADDRESS 340 U. S. 90 E  
CITY-ST-ZIP MONTICELLO FL 32344 ☐ Delete

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

TITLE D  
NAME WHITSON, RUBY  
STREET ADDRESS 420 W WASHINGTON ST  
CITY-ST-ZIP MONTICELLO FL 32344 ☐ Delete

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

TITLE PD  
NAME DRAWDY, MARY FRANCES  
STREET ADDRESS 420 W WASHINGTON ST  
CITY-ST-ZIP MONTICELLO FL 32344 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

03-18-02

Date

850-671-0456

Daytime Phone #

FILED  
Mar 27, 2002 8:00 am  
Secretary of State

03-27-2002 90089 027 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE