

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721174

1. Entity Name

SENIOR CITIZENS COUNCIL OF MADISON COUNTY, INC.

Principal Place of Business

400 SW RUTLEDGE ST
MADISON FL 32340

Mailing Address

PO BOX 204
MADISON FL 32341
US

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

23-7097794

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

RICHARDSON, ROSA
400 SW RUTLEDGE ST
MADISON FL 32340

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 NAME STREET ADDRESS CITY - ST - ZIP	VPD STEPHENS, JAMES T P.O. BOX 234 N/A GREENVILLE FL 32331	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BODENSTINE, BERNICE RT 1 BOX 86-B MADISON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BELL, MARIE 1308 BROOKWOOD STREET MADISON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VANN, BETTY RT 5 BOX 6362 MADISON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD James, maybell 601 E. Smith St Madison, FL 32340	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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:

SIGNATURE REQUIRED
Richardson

Date

Daytime Phone #

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90282 031 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)