

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-24-2000 90022 047 ****70.00

825702

DO NOT WRITE IN THIS SPACE

DOCUMENT # 721379 ✓
1. Entity Name
 PUTNAM COUNTY ALCOHOL AND DRUG COUNCIL, INC.

Principal Place of Business **Mailing Address**
 330 KAY LARKIN DRIVE 330 KAY LARKIN DRIVE
 PALATKA, FLORIDA PALATKA FLORIDA
 32177 32177

2. Principal Place of Business **3. Mailing Address**
 330 KAY LARKIN DRIVE 330 KAY LARKIN DRIVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 PALATKA, FLORIDA PALATKA, FLORIDA
Zip **Country** **Zip** **Country**
 32177 USA 32177 USA

4. FEI Number **Applied For**
 59-1392526 ☐ Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 FREEMAN, C H
 ROUTE 3 BOX 11
 EAST PALATKA, FL 32131

7. Name and Address of New Registered Agent
Name MILLER, JOYCE
Street Address (P.O. Box Number is Not Acceptable) 1039 US HWY 17
City BOSTWICK **FL** **Zip Code** 32007

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 *Joyce C Miller* **DATE** 3/15/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution. ☐ **Added to Fees**

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, SAMUEL	
STREET ADDRESS	220 LOUIS BROOK ROAD	
CITY-ST-ZIP	EAST PALATKA, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATES, BEN	
STREET ADDRESS	3400 CRILL AVE.	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, MARY LAWSON	
STREET ADDRESS	107 S. 9TH STREET	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	WEBB, DAVID	
STREET ADDRESS	2915 MEADOWS LANE	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGLAS, TAYLOR	
STREET ADDRESS	1800 N. HWY 19	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, C H	
STREET ADDRESS	ROUTE 3 BOX 11	
CITY-ST-ZIP	EAST PALATKA, FL	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE MILLER	
STREET ADDRESS	1039 US HWY 17	
CITY-ST-ZIP	BOSTWICK, FL 32007	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

BLOCK ¹²¹⁵¹⁴ #10 CONTINUED:

825702

D

HIRSCHMAN, HENRY

RT 4, BOX 500

PALATKA, FL 32177

D

NOONE, MIKE

512 MULHOLLAND PARK

PALATKA, FL 32177

D

PORTER, DAVID

4049 REID STREET

PALATKA, FL 32177

D

RYAN, LYNETTE

620 HWY 19 SOUTH

PALATKA, FL 32177