

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 721379**

1. Entity Name

PUTNAM COUNTY ALCOHOL AND DRUG COUNCIL, INC.

Principal Place of Business

**330 KAY LARKIN DR
PALATKA FL 32177**

Mailing Address

**330 KAY LARKIN DR
PALATKA FL 32177**

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

59-1392526

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MILLER, JOYCE
1039 US HWY 17
BOSTWICK FL 32007**

7. Name and Address of New Registered Agent

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	FREEMAN, C H	
STREET ADDRESS	ROUTE 3 BOX 11	
CITY-ST-ZIP	EAST PALATKA FL	

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER, JOYCE	
STREET ADDRESS	1039 US HWY 17	
CITY-ST-ZIP	BOSTWICK FL 32007	

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	SD	<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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, SAMUEL	
STREET ADDRESS	220 LOUIS BROOK ROAD	
CITY-ST-ZIP	EAST PALATKA, FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIRSCHMAN, HENRY	
STREET ADDRESS	RT 4 BOX 500	
CITY-ST-ZIP	PALATKA, FL 32177	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORTER, DAVID	
STREET ADDRESS	4049 REID STREET	
CITY-ST-ZIP	PALATKA, FL 32177	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0010236

CR2E037 (10/00)