

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727978

1. Entity Name

BOYS' CLUB OF COLUMBIA COUNTY, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90126 049 ****70.00

Principal Place of Business JOHNS RD P.O. BOX 1342 LAKE CITY FL 32056-0342 US	Mailing Address JONES RD P.O. BOX 1342 LAKE CITY FL 32056-1342 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Vilano Road (P.O. 1342)	3. Mailing Address Vilano Rd (P.O. 1342)
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKE CITY FL	City & State LAKE CITY FL
Zip 32056-1342	Zip 32056-1342
Country Columbia	Country Columbia

4. FEI Number 59-1376908	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HILL, THEDA 805 COUNTRY CLUB ROAD LAKE CITY FL 32055	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Theda Hill, President-Theda Hill DATE 4/28/00
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
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	PD HILL, THEDA 805 COUNTRY CLUB RD LAKE CITY, FL 00000 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUDSON, KEITH RIFLE RANGE RD LAKE CITY, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRIFFIN, THOMAS PINEMOUNT RD (252) WELLBORN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARSEE, EDITH MARYLAND ST LAKE CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, WANDA HIGHWAY 240 LAKE CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Theda Hill SIGNATURE REQUIRED Theda Hill DATE 4/28/00 (904) 752-4184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)