

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727978

1. Entity Name

BOYS' CLUB OF COLUMBIA COUNTY, INC.

Principal Place of Business

PO BOX 1342 VILANO RD
LAKE CITY FL 32056-1342
US

Mailing Address

PO BOX 1342 VILANO RD
LAKE CITY FL 32056-1342
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1376908

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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

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 PD ☐ Delete
NAME HILL, THEDA
STREET ADDRESS 805 COUNTRY CLUB RD
CITY-ST-ZIP LAKE CITY, FL 00000 32055

TITLE VD ☐ Delete
NAME HUDSON, KEITH
STREET ADDRESS RIFLE RANGE RD
CITY-ST-ZIP LAKE CITY, FL 00000

TITLE VD ☐ Delete
NAME GRIFFIN, THOMAS
STREET ADDRESS PINEMOUNT RD (252)
CITY-ST-ZIP WELLBORN FL

TITLE TD ☐ Delete
NAME MARSEE, EDITH
STREET ADDRESS MARYLAND ST
CITY-ST-ZIP LAKE CITY FL

TITLE SD ☐ Delete
NAME JONES, WANDA
STREET ADDRESS HIGHWAY 240
CITY-ST-ZIP LAKE CITY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

Theda Hill

4/30/01 (356) 904-484

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90031 034 ****70.00

974767



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)