

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90317 001 \*\*\*\*70.00

**DOCUMENT # 727978**

1. Entity Name

**BOYS' CLUB OF COLUMBIA COUNTY, INC.**



Principal Place of Business

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

Mailing Address

PO BOX 1342 JONES RD  
LAKE CITY FL 32056-1342  
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 **59-1376908**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



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 **Thomas E Griffin**  
Street Address (P.O. Box Number is Not Acceptable)  
**Pine Mount Rd (252)**  
City **Wellborn** FL Zip Code **32094**

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/24/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HILL, THEDA	
STREET ADDRESS	805 COUNTRY CLUB RD	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRIFFIN, THOMAS	
STREET ADDRESS	PINEMOUNT RD (252)	
CITY-ST-ZIP	WELLBORN FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARSEE, EDITH	
STREET ADDRESS	MARYLAND ST	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, WANDA	
STREET ADDRESS	HIGHWAY 240	
CITY-ST-ZIP	LAKE CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, THOMAS	
STREET ADDRESS	PINEMOUNT RD (252)	
CITY-ST-ZIP	WELLBORN FL 32	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, WANDA	
STREET ADDRESS	Highway 240	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, THEDA	
STREET ADDRESS	805 Country Club Road	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSEE, EDITH	
STREET ADDRESS	MARYLAND ST.	
CITY-ST-ZIP	LAKE CITY, FL 32055	
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:

**SIGNATURES REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/03 (386) 752-4184**

Date Daytime Phone #

CR2E037 (10/02)