

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State
02-03-2001 90072 042 ****61.25

DOCUMENT # 729899

1. Entity Name

GADSDEN COUNTY SENIOR CITIZENS COUNCIL, INC.

Principal Place of Business

RT.6 BOX 620 LEFFALL
QUINCY FL 32351
US

Mailing Address

RT.6 BOX 620 LEFFALL
QUINCY FL 32351
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

59-1539644

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOOD, (RICHARD L.)
24 N. ADAMS STREET
QUINCY FL 32351

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME WILLIAMS, WILLIE R
STREET ADDRESS 745 ERIE ST
CITY-ST-ZIP QUINCY FL ☒ Delete

TITLE VD
NAME BREWINGTON, MARY
STREET ADDRESS 1119 MARTIN LUTHER KING BLVD
CITY-ST-ZIP QUINCY FL ☐ Delete

TITLE SD
NAME GUNN, DORA GEANNE
STREET ADDRESS P.O. BOX 1314 N/A
CITY-ST-ZIP QUINCY FL 32351 ☒ Delete

TITLE TD
NAME CUNNINGHAM, ETHELYN
STREET ADDRESS RT 6 BOX 268C
CITY-ST-ZIP QUINCY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PD
NAME Dora Jeanne Gunn
STREET ADDRESS P.O. Box 1314 N/A
CITY-ST-ZIP Quincy, FL 32351 ☐ Change ☒ Addition

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

TITLE SD
NAME Gladys Rhowe
STREET ADDRESS Route 5 Box 108
CITY-ST-ZIP Quincy, FL 32351 ☐ Change ☒ Addition

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

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

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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

850-627-9758

Date

Daytime Phone #

CR2E037 (10/00)