

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2002 8:00 am
Secretary of State

05-23-2002 90050 042 ****13.75
 08-12-2002 90004 043 ****61.25

DOCUMENT # 742148

1. Entity Name

JACKSON COUNTY AGRICULTURAL EXPOSITION, INC.

Principal Place of Business

3627 HWY 90
 MARIANNA FL 32448
 US

Mailing Address

PO BOX 330
 MARIANNA FL 32447-0330
 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

59-1104467

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

~~SCHWENCKE, JOHN H
 3347 BUMPNOSE RD
 MARIANNA FL 32446~~

Name

WILLIAM FADER

Street Address (P.O. Box Number is Not Acceptable)

5488 NINTH STREET

City

MALONE

FL

Zip Code

32445

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William Fader, BOARD PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

8-10-02

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **PITTS, JOHN C**
 CITY-ST-ZIP **2789 EVERGREEN LN**
MARIANNA FL 32446

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **EDWARD A. HOLMES**
 CITY-ST-ZIP **2975 PARK ST.**
MARIANNA, FL 32446-3116

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WISNIOSKI, STANLEY W, JR.**
 CITY-ST-ZIP **2826 DILMORE RD**
COTTONDALE FL 32431-7508

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **KENT, GENE**
 CITY-ST-ZIP **P.O. BOX 273**
MARIANNA, FL 32447

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WALKER, TONY C**
 CITY-ST-ZIP **PO BOX 596**
MARIANNA FL 32447

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **MADER, JOHN O.**
 CITY-ST-ZIP **2470 HWY 71**
MARIANNA, FL 32448

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **FADER, WILLIAM**
 CITY-ST-ZIP **5488 NINTH ST**
MALONE FL 32445

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

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **GRAINGER, THOMAS L**
 CITY-ST-ZIP **3264 N HWY 73**
MARIANNA FL 32446-2475

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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **SCHWENCKE, JOHN L**
 CITY-ST-ZIP **3347 BUMPNOSE RD**
MARIANNA FL 32446

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 of William Fader, Board President

8-10-02

850-352-2780

CR2E037 (4/02)