

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757855

1. Entity Name

UNION COUNTY 4-H FOUNDATION, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90012 004 \*\*\*\*61.25

Principal Place of Business

25 NE 1ST STREET  
LAKE BUTLER FL 32054  
US

Mailing Address

25 NE 1ST STREET  
LAKE BUTLER FL 32054-1701  
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 **59-2130797**

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

BREMAN, JACQUE W.  
25 NW 1ST STREET  
LAKE BUTLER FL 32054

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 ~~XXX~~ ☐ Delete  
NAME GODBOLD, JOHN  
STREET ADDRESS POB 358  
CITY-ST-ZIP LAKE BUTLER FL 32054

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

TITLE ~~XX~~ ☐ Delete  
NAME CLYATT, ROBIN  
STREET ADDRESS RR 2 BOX 263  
CITY-ST-ZIP LAKE BUTLER FL 32054

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

TITLE ~~XX~~ ☐ Delete  
NAME DICKS, LINDA  
STREET ADDRESS RR1 BOX 352  
CITY-ST-ZIP LAKE BUTLER FL 32054

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

TITLE D ☒ Delete  
NAME WADDELL, CLIFF  
STREET ADDRESS RR2 BOX 751  
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE S ☐ Change ☒ Addition  
NAME Kay Nettles  
STREET ADDRESS RR 3 Box 1550a4  
CITY-ST-ZIP Lake Butler FL 32054-9517

TITLE D ☐ Delete  
NAME BREMAN, JACQUE W.  
STREET ADDRESS 25 NE 1ST STREET  
CITY-ST-ZIP LAKE BUTLER, FL 00000

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

TITLE ~~XX~~ ☒ Delete  
NAME MECUSKER, DAVE  
STREET ADDRESS RR 4 BOX 2631  
CITY-ST-ZIP LAKE BUTLER FL

TITLE T ☐ Change ☒ Addition  
NAME Allen Parrish  
STREET ADDRESS 105 NE 8th Ave  
CITY-ST-ZIP Lake Butler FL 32054-1314

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** Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/25/00 (904) 496-3331

CR2E037 (9/99)