

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000003275**

1. Entity Name

**CAMPBELLTON / BROWNTOWN DEVELOPMENT COUNCIL, INC****FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90089 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**P O BOX 88**  
**CAMPBELLTON FL 32426****P O BOX 88**  
**CAMPBELLTON FL 32426**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P. O. Box 336****P. O. Box 336**

City &amp; State

City &amp; State

**Campbellton, FL****Campbellton, FL**4. FEI Number **59-3648663**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32460****32460**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

**WESLEY, TONY**  
**5818 HWY 231 N**  
**CAMPBELLTON FL 32426**

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**D** ☐ Delete  
**BRITT, SIMON**  
**4980 WILMINGTON CT**  
**CAMPBELLTON FL 32426**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**D** ☐ Delete  
**PITTMAN, FOY L**  
**P O BOX 112**  
**CAMPBELLTON FL 32426**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**D** ☐ Delete  
**PITTMAN, JAMES**  
**P O BOX 88**  
**CAMPBELLTON FL 32426**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**D** ☐ Delete  
**WESLEY, TONY**  
**5818 HWY 231 N**  
**CAMPBELLTON FL 32426**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**D** ☐ Delete  
**BOOKER, JOHN O**  
**PO BOX 332**  
**CAMPBELLTON FL 32426**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
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:

**TONY WESLEY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #