

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90481 027 ****61.25

DOCUMENT # N00000003275

1. Entity Name

CAMPBELLTON / BROWNTOWN DEVELOPMENT COUNCIL, INC



Principal Place of Business

Mailing Address

**P O BOX 336
CAMPBELLTON FL 32460**

**P O BOX 336
CAMPBELLTON FL 32460**

10029973



☐ CHECK HERE IF MAKING CHANGES

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 **59-3648663**

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

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

SIGNATURE

[Signature]

TONY WESLEY

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRITT, SIMON	
STREET ADDRESS	4980 WILMINGTON CT	
CITY-ST-ZIP	CAMPBELLTON FL 32426	
TITLE	D	<input type="checkbox"/> Delete
NAME	PITTMAN, FOY L	
STREET ADDRESS	P O BOX 112	
CITY-ST-ZIP	CAMPBELLTON FD 32426	
TITLE	D	<input type="checkbox"/> Delete
NAME	PITTMAN, JAMES	
STREET ADDRESS	P O BOX 88	
CITY-ST-ZIP	CAMPBELLTON FL 32426	
TITLE	D	<input type="checkbox"/> Delete
NAME	WESLEY, TONY	
STREET ADDRESS	5818 HWY 231 N	
CITY-ST-ZIP	CAMPBELLTON FL 32426	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOOKER, JOHN O	
STREET ADDRESS	PO BOX 332	
CITY-ST-ZIP	CAMPBELLTON FL 32426	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gilbert, Dexter	
STREET ADDRESS	P.O. Box 158	
CITY-ST-ZIP	Campbellton, FL 32426	
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		
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:

[Signature]
JOHN O BOOKER

(850) 263-7545

CR2E037 (10/02)