

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000001632

FILED  
May 21, 2002 8:00 AM  
Secretary of State

Entity Name: BROTHERS OF HAMILTON COUNTY, INC.

**Current Principal Place of Business:**

4858 NW 63RD LN.  
JENNINGS, FL 32053

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1541  
JASPER, FL 320521541

**New Mailing Address:**

FEI Number: 59-3704260      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRISTOL, GERALD  
4858 NW 63RD LN.  
JENNINGS, FL 32053

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LEE, JAMES JR  
Address: 7592 SW 79TH DR.  
City-St-Zip: JASPER, FL 32052

Title: DV ( ) Delete  
Name: MCLAUGHLIN, L.V.  
Address: 908 HATLEY ST.  
City-St-Zip: JASPER, FL 32052

Title: DS ( ) Delete  
Name: BRISTOL, GERALD  
Address: 4858 NW 63RD LN.  
City-St-Zip: JENNINGS, FL 32053

Title: DT ( ) Delete  
Name: HAYES, JOHN  
Address: PO BOX 1099  
City-St-Zip: JASPER, FL 320521099

Title: D ( ) Delete  
Name: KEEL, CHARLES  
Address: PO BOX 952  
City-St-Zip: JASPER, FL 320520952

Title: D ( ) Delete  
Name: LEE, JAMERSON  
Address: PO BOX 1717  
City-St-Zip: JASPER, FL 320521717

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: COMBS, THEODORE  
Address: 10418 N.W 35TH TERR.  
City-St-Zip: JASPER, FL 32052

Title: DV (X) Change ( ) Addition  
Name: LEE, JAMES O JR  
Address: 7592 SW 79TH DR.  
City-St-Zip: JASPER, FL 32052

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: KEEL, CHARLES  
Address: PO BOX 952  
City-St-Zip: JASPER, FL 32052

Title: D (X) Change ( ) Addition  
Name: SMITH, ANDRE  
Address: 808 M.L.K BLV.  
City-St-Zip: JASPER, FL 32052

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES LEE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DV

05/21/2002

\_\_\_\_\_  
Date