

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

FILED
Jun 06, 2002 8:00 am
Secretary of State

06-06-2002 90085 009 ****70.00

DOCUMENT # N01000003514

1. Entity Name

Jackson County Economic Development Partnership, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4431 Lafayette St.

Suite, Apt. #, etc.

3. Mailing Address

4431 Lafayette St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Marianna, FL.

City & State

Marianna, FL.

4. FEI Number

Applied For

☒ Not Applicable

Zip

32446

Country

USA

Zip

32446

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Frank A. Baker

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

4431 Lafayette St.

City

Marianna

FL

Zip Code

32446

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D/P
James M. Roberts, Jr.
4207 Lafayette St.
Marianna, FL. 32446

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D/VP
Gene Strickland
2316 Highway 71
Marianna, FL. 32448

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D/T/S
Mark Cutshaw
2825 Pennsylvania Ave.
Marianna, FL. 32448

TITLE
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CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Cutshaw mark Cutshaw

6/6/02 (850) 526-6811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)