

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19080

1. Entity Name

JACKSON COUNTY MINORITY BUSINESS ASSOCIATION INC

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90028 001 ****61.25

Principal Place of Business

Mailing Address

4275 ST ANDREW ST
MARIANNA FL 32448
US

4170 CEDAR STREET
MARIANNA FL 32448-3732

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2775378

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HARTSFIELD, IDUS
ROUTE 3, BOX 55
MARIANNA FL 32446

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

Idus C Hartsfield

(NOTE: Registered Agent signature required when reinstating)

Idus C Hartsfield

DATE

2-13-00

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

T MCNEALY, MINNIE 4170 CEDAR STREET MARIANNA FL	<input type="checkbox"/> Delete
PD BRYANT, ELMORE 2814 ORANGE STREET MARIANNA FL	<input type="checkbox"/> Delete
S POLLOCK, ROSA 4219 OLD COTTONDALE RD MARIANNA FL	<input type="checkbox"/> Delete
T SMITH, K W MAIN STREET MALONA FL	<input type="checkbox"/> Delete
 	<input type="checkbox"/> Delete
 	<input type="checkbox"/> Delete

T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Idus C Hartsfield President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-00

CR2E037 (9/99)