

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90043 008 ****61.25

0016693

DOCUMENT # N19080

1. Entity Name

JACKSON COUNTY MINORITY BUSINESS ASSOCIATION INC

Principal Place of Business

4275 ST ANDREW ST
 MARIANNA FL 32448
 US

Mailing Address

4170 CEDAR STREET
 MARIANNA FL 32446

00028543



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3303 Panhandle Rd.

Suite, Apt. #, etc.

City & State

Marianna FL

Zip

32446

Country

Jackson

3. Mailing Address

4170 Cedar St

Suite, Apt. #, etc.

City & State

Marianna FL

Zip

32448

Country

Jackson

4. FEI Number

59-2775378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HARTSFIELD, IDUS
 ROUTE 3, BOX 55
 MARIANNA FL 32446

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-20-2001

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

T ☐ Delete
 NAME MCNEALY, MINNIE
 STREET ADDRESS 4170 CEDAR STREET
 CITY-ST-ZIP MARIANNA FL

PD ☐ Delete
 NAME BRYANT, ELMORE
 STREET ADDRESS 2814 ORANGE STREET
 CITY-ST-ZIP MARIANNA FL

S ☐ Delete
 NAME POLLOCK, ROSA
 STREET ADDRESS 4219 OLD COTTONDALE RD
 CITY-ST-ZIP MARIANNA FL

T ☐ Delete
 NAME SMITH, K W
 STREET ADDRESS MAIN STREET
 CITY-ST-ZIP MALONA FL

☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
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 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:

Idus C. Hartsfield
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/2001 850 482324

CR2E037 (10/00)