

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20484

1. Entity Name

WASHINGTON-HOLMES TECHNICAL CENTER FOUNDATION, I

Principal Place of Business

757 HOYT ST.  
CHIPLEY FL 32428  
US

Mailing Address

757 HOYT ST.  
CHIPLEY FL 32428-1618  
US

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

59-2810664

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

HOLLEY, GERALD  
1282 B CHURCH AVE  
CHIPLEY FL 32428

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

*Gerald Holley*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, HOWARD	
STREET ADDRESS	RT 1	
CITY-ST-ZIP	CARYVILLE FL 32427	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALENCIA, LUIS	
STREET ADDRESS	1334 RAILROAD AVE.	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REGISTER, STEPHEN B. J	
STREET ADDRESS	1552 BRICKYARD ROAD	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	VC	<input type="checkbox"/> Delete
NAME	SAUNDERS, WAYNE	
STREET ADDRESS	847 CANDY LANE	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAY, RALPH W.	
STREET ADDRESS	813 3RD ST.	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	UPTAGRAFFT, CATHY	
STREET ADDRESS	1919 HWY 71	
CITY-ST-ZIP	MARIANNA FL 32448	

TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Dougherty, III	
STREET ADDRESS	<del>XXXXXX</del> 904 Main Street	
CITY-ST-ZIP	Chipley, Florida 32428	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Parker	
STREET ADDRESS	757 Hoyt Street	
CITY-ST-ZIP	Chipley, Florida 32428	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry Ellis	
STREET ADDRESS	<del>XXXXXX</del> 700 Second Street	
CITY-ST-ZIP	Chipley, Florida 32428	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vincent Andry	
STREET ADDRESS	<del>XXXXXX</del> 890 Highway 277	
CITY-ST-ZIP	Chipley, Florida 32428	
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:

*John Dougherty, III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/00

850-638-7615

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE