

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90134 050 ****61.25

DOCUMENT # N25690

1. Entity Name

JEFFERSON COUNTY SEMINOLE BOOSTERS, INC.

Principal Place of Business

P.O. BOX 79
 MONTICELLO FL 32345-0079
 US

Mailing Address

P.O. BOX 79
 MONTICELLO FL 32345-0079
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2708332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MOON, LISSA
970 E PEARL ST
MONTICELLO FL 32344-3007

7. Name and Address of New Registered Agent

Name **WILLIAM G. MOON**

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

970 E. PEARL ST.

City **MONTICELLO**

FL

Zip Code **32344**

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 *William G. Moon* **WILLIAM G. MOON - PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

4/26/01

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

TITLE **PD** ☐ Delete
 NAME **MOON, LISSA**
 STREET ADDRESS **970 E. PEARL ST**
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE **TD** ☐ Delete
 NAME **MAZZA, SANDI**
 STREET ADDRESS **P.O. BOX 3751 N/A**
 CITY-ST-ZIP **TALLAHASSEE FL 32315**

TITLE **SD** ☐ Delete
 NAME **DUFFACK, ANN**
 STREET ADDRESS **525 S. MULBERRY ST**
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE **D** ☐ Delete
 NAME **SAUER, DICK**
 STREET ADDRESS **RT 4 BOX 4229**
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
 NAME **WILLIAM G. MOON**
 STREET ADDRESS **970 E. PEARL ST.**
 CITY-ST-ZIP **MONTICELLO, FL 32344**

TITLE **TD** ☒ Change ☐ Addition
 NAME **ANDREA JERGER**
 STREET ADDRESS **364 NURSERY ROAD**
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE **SD** ☒ Change ☐ Addition
 NAME **MARGARET CALHOUN**
 STREET ADDRESS **364 NURSERY ROAD**
 CITY-ST-ZIP **MONTICELLO FL 32344**

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

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

TITLE ☐ Change ☐ 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: *William G. Moon* **WILLIAM G. MOON - PRESIDENT** **4/26/01** **850-897-5374**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)