

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2003 8:00 am**  
**Secretary of State**

08-19-2003 90021 034 \*\*\*\*61.25

**DOCUMENT # N25690**

1. Entity Name

**JEFFERSON COUNTY SEMINOLE CLUB 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2708332**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MOON, WILLIAM G**  
**970 E PEARL ST**  
**MONTICELLO FL 32344-3007**

7. Name and Address of New Registered Agent

Name **KATRINA GUERRY**

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

**1030 S. JEFFERSON 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Katrina Guerry*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8/18/2003**  
DATE

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MOON, WILLIAM G	
STREET ADDRESS	970 E. PEARL ST	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JERGER, ANDREA	
STREET ADDRESS	364 NURSERY ROAD	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CALHOUN, MARGARET	
STREET ADDRESS	364 NURSERY ROAD	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAUER, DICK	
STREET ADDRESS	RT 4 BOX 4229	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATRINA GUERRY	
STREET ADDRESS	1030 S. JEFFERSON ST.	
CITY-ST-ZIP	MONTICELLO, FL 32344	
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		
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:

*Katrina Guerry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/18/2003** **850-997-1653**  
Date Daytime Phone #

CR2E037 (4/03)