## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 17, 2001 8:00 am Secretary of State **DOCUMENT # N37830** 1. Entity Name 05-17-2001 91354 034 \*\*\*\*61.25 HAMILTON COUNTY CONCERNED CITIZENS, INC. Jean 2001 Mailing Address Principal Place of Business 1008 NW 4TH ST P.O. BOX 871 767167 JASPER FL 32052 JASPER FL 32052 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3011330 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П 32052 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROYALS, STANLEY L 1008 NW ATH ST. 507 4th ana. S.E. JASPER FL 32052 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. IRector- RESI den - X Change Addition TITLE ☐ Delete TITLE DP RoyA 15, Stanley NAME NAME ROYALS, STANLEY L STREET ADDRESS STREET ADDRESS 1008 NW 4TH ST-CITY-ST-7IF CITY-ST-ZIP JASPER FL 32052 Change Addition DV ☐ Delete TITLE TITLE NAME GOOLSBY, CHARLES L NAME STREET ADDRESS STREET ADDRESS 306 CENTRAL AVE SW CITY-ST-ZIP CITY-ST-ZIP-JASPER FL 32052 ☐ Change ☐ Addition ☐ Delete TITLE DT TITLE MCGRATH, JEWELL G NAME NAME STREET ADDRESS STREET ADDRESS **7982 SW 79TH DRIVE** CITY-ST-ZIP CITY-ST-ZIP JASPER FL 32052 ☐ Change ☐ Addition ☐ Delete TITLE DS TITLE NAME CARTER, EARLENE NAME STREET ADDRESS STREET ADDRESS 5482 NW COUNTY RD 143 CITY-ST-ZIP CITY-ST-7IP JASPER FL 32052 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4/8/01 904-792-3381