

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90007 009 ****70.00

DOCUMENT # N42389

1. Entity Name

PUTNAM COUNTY AIDS TASK FORCE, INC.

R

Principal Place of Business

Mailing Address

~~411 SOUTH 10TH STREET~~

~~411 SOUTH 10TH STREET~~

PALATKA FL 32177

PALATKA FL 32177

US

US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2524 Golf Drive

P.O. Box 545

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palatka Fla

City & State

Palatka Fla 39

4. FEI Number

59-3132135

Applied For

Not Applicable

Zip

32177

Country

Putnam

Zip

32177

Country

Putnam

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

ROBINSON, ROSETTA
3000 ELM ST
WELAKA FL 32193

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

Rosetta Robinson

7-17-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	LOVAIN ALVAIN LAVA IN	
STREET ADDRESS	622 N 6TH ST	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TREADWELL, JUANITA	
STREET ADDRESS	903 JUNIOR LAKE DR	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBINSON, ROSETTA	
STREET ADDRESS	3000 ELM ST	
CITY-ST-ZIP	WELAKA FL 32193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Rosetta Robinson

7-17-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C.R. 3037 (5/00)