

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46064

1. Entity Name

WASHINGTON COUNTY YOUTH FAIR, INC.

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90024 005 ****61.25

Principal Place of Business

1424 JACKSON AVENUE
SUITE A
CHIPLEY FL 32428

Mailing Address

1424 JACKSON AVENUE
SUITE A
CHIPLEY FL 32428

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

59-2961419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CORBUS, JUDY
1424 JACKSON AVE. SUITE A
CHIPLEY FL 32428

7. Name and Address of New Registered Agent

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

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CORBUS, JUDY	
STREET ADDRESS	1424 JACKSON AVENUE, SUITE A	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALEXANDER, NANCY	
STREET ADDRESS	1424 JACKSON AVENUE, SUITE A	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SEWELL, DONNA	
STREET ADDRESS	1424 JACKSON AVENUE, SUITE A	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAMB, VICKI C	
STREET ADDRESS	1424 JACKSON AVENUE, SUITE A	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	V	<input type="checkbox"/> Delete
NAME	PATE, CLINT	
STREET ADDRESS	1424 JACKSON AVENUE, SUITE A	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRUAN, LEE	
STREET ADDRESS	1424 JACKSON AVENUE, SUITE A	
CITY-ST-ZIP	CHIPLEY FL 32428	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andy Andreason	
STREET ADDRESS	1424 Jackson Ave Suite A	
CITY-ST-ZIP	Chipley FL 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		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian Lee	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)