

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90470 048 \*\*\*\*61.25

**DOCUMENT # N93000001943**

1. Entity Name

**EAST JACKSON COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.**

Principal Place of Business

Mailing Address

8292 HIGHWAY 90 EAST  
SNEADS FL 32460

P.O. BOX 1072  
SNEADS FL 32460

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 **59-3179915**

Applied For

Not Applicable

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

**BYRD, RHONDA K**  
**8292 HIGHWAY 90 EAST**  
**SNEADS FL 32460**

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 on file*

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**

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 **BYRD, RHONDA**  
STREET ADDRESS **8292 HIGHWAY 90 EAST**  
CITY-ST-ZIP **SNEADS FL 32460**

TITLE **VO** ☒ Delete  
NAME **BEAUCHAMP, VICKY**  
STREET ADDRESS **8012 HIGHWAY 90**  
CITY-ST-ZIP **SNEADS FL 32460**

TITLE **DST** ☐ Delete  
NAME **GRICE, HELEN**  
STREET ADDRESS **2071 GAY AVENUE**  
CITY-ST-ZIP **SNEADS FL 32460**

TITLE **D** ☐ Delete  
NAME **CARTER, CHANLEY**  
STREET ADDRESS **5314 PEPPER LANE**  
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **D** ☐ Delete  
NAME **HILL, CHARLES**  
STREET ADDRESS **7205 HIGHWAY 90**  
CITY-ST-ZIP **GRAND RIDGE FL 32442**

TITLE **D** ☐ Delete  
NAME **HIRT, HOMER**  
STREET ADDRESS **2054 DAIRY ROAD**  
CITY-ST-ZIP **SNEADS FL 32460**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

**VD** ☐ Change ☒ Addition  
**Jeremy Branch**  
**7022 Tomassie Circle**  
**Grand Ridge, FL 32442**

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

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:

*Helen Grice* **HELEN GRICE** **Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-2-02**

Date

(850)

**593-6491**

Daytime Phone #

CR2E037 (9/01)

0063197