2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2002 8:00 am Secretary of State DOCUMENT # N9500001018 1. Entity Name PUTNAM COUNTY FAIR AUTHORITY, INC. 01-30-2002 90073 032 ****70.00 Principal Place of Business Mailing Address 111 YELVINGTON RD 111 YELVINGTON RD EAST PALATKA FL 32131-8892 **EAST PALATKA FL 32131-8892** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3232490 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TILTON, AUSTIN 111 YELVINGTON RD Suite 1 EAST PALATKA FL 32131-8892 City 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. AUSTIN TILTON, SECRETARY **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITI F PD Addition revels. Robert L FUTCH; DBLEL NAME NAME 260 E CRACKER SWAMP RD STREET ADDRESS STREET ADDRESS 112 GOODWIN ST E PALATKA FL CITY-ST-ZIP CITY-ST-7/P SAN MATEO FL 32187 VD. TITLE ☐ Delete TITLE Change Addition FUTCH, BILL NAME NAME REVELS, ROBERT L STREET ADDRESS 112 GOODWIN ST STREET ADDRESS 260 E CRACKER SWAMP RD CITY-ST-7IP SAN MATEO FL CITY-ST-ZIP EAST PALATKA FL 32131 TITLE Delete Change Addition TILTON, AUSTIN NAME NAME 510 EAST END RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP San Mateo FL CITY-ST-ZIP TD TITLE X Delete TITLE Change **K** Addition KEEL, DONNA NAME NAME EUBANKS, BRYAN 1021 S MOODY RD STREET ADDRESS STREET ADDRESS 110 RALEY LANE CITY-ST-ZIP PALATKA FL CITY-ST-ZIP PALATKA FL 32177 ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition

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.

STREET ADDRESS

CITY-\$T-ZIP

NAME

SORBUR DRUM FAUSTINFILTON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-ZIP

1/15/02

386/329-0318

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