

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90035 010 ****61.25

DOCUMENT # N95000001018

1. Entity Name

PUTNAM COUNTY FAIR AUTHORITY, INC.



Principal Place of Business

**111 YELVINGTON RD
SUITE 1
EAST PALATKA FL 32131-8892**

Mailing Address

**111 YELVINGTON RD
SUITE 1
EAST PALATKA FL 32131-8892**

2. Principal Place of Business

117 Yelvington Rd
Suite, Apt. #, etc. **J**

3. Mailing Address

PO Box 400
Suite, Apt. #, etc.
East Palatka, FL

City & State

East Palatka, FL

City & State

32131

Zip

32131

Country

Putnam

Zip

32131

Country

Putnam

4. FEI Number **59-3232490**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TILTON, AUSTIN
111 YELVINGTON RD
SUITE 1
EAST PALATKA FL 32131-8892**

7. Name and Address of New Registered Agent

Name **Teres J Veal**
Street Address (P.O. Box Number is Not Acceptable)
PO Box 400 111 Yelvington Rd
East Palatka FL 32131
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Teres J. Veal** **Teres J Veal** **Acting Manager** **1/6/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **FUTCH, BILL**
STREET ADDRESS **112 GOODWIN STREET**
CITY-ST-ZIP **SAN MATEO FL 32187**

TITLE **VD** ☐ Delete
NAME **REVELS, ROBERT L**
STREET ADDRESS **260 E CRACKER SWAMP ROAD**
CITY-ST-ZIP **EAST PALATKA FL 32131**

TITLE **SD** ☒ Delete
NAME **TILTON, AUSTIN**
STREET ADDRESS **510 EAST END RD**
CITY-ST-ZIP **SAN MATEO FL**

TITLE **TD** ☒ Delete
NAME **EUBANKS, BRYAN**
STREET ADDRESS **110 RALEY LANE**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME **Secretary**
STREET ADDRESS **Brenda Holloway**
CITY-ST-ZIP **8168 Alderman Rd**
McInose FL 32666

TITLE ☒ Change ☐ Addition
NAME **Treasurer**
STREET ADDRESS **Linda McClarney**
CITY-ST-ZIP **116 Karen Court**
Palatka, FL 32177

TITLE ☐ Change ☒ Addition
NAME **Manager**
STREET ADDRESS **Teres J. Veal**
CITY-ST-ZIP **PO Box 596**
East Palatka, FL 32131

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: **Teres J. Veal** **1/27/03** **396/328-2247**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)