

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90069 020 \*\*\*\*61.25

**DOCUMENT # N95000002086**

1. Entity Name

**THE PROGRESSIVE 12 CLUB OF GREATER JACKSON COUNT  
Y, INC.**

Principal Place of Business

Mailing Address

**4231 OLD COTTONDALE RD.  
MARIANNA FL 32448**

**3455 LOVEWOOD RD.  
MARIANNA FL 32446  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3461941**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CONERLY, CHARLES E  
3455 LOVEWOOD RD.  
MARIANNA FL 32446**

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

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**

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 checked="" type="checkbox"/> Delete
NAME	COOPER, WILLIE L	
STREET ADDRESS	4231 OLD COTTONDALE RD.	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TANNER, CHARLIE	
STREET ADDRESS	5432 TANNER RD	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SPEIGHTS, MAURICE	
STREET ADDRESS	4308 FOREST ST.	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SPEIGHTS, TOMMIE	
STREET ADDRESS	4222 SOUTH ST.	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARNES, JAMES	
STREET ADDRESS	4974 HARTSFIELD ROAD	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tommy Speights	
STREET ADDRESS	4222 South St	
CITY-ST-ZIP	Marianna, FL 32446	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charlie Tanner	
STREET ADDRESS	5432 Tanner RD	
CITY-ST-ZIP	Marianna, FL 32448	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donnie Rowland	
STREET ADDRESS	2846 Davey St	
CITY-ST-ZIP	Marianna, FL 32448	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lesley Tensley	
STREET ADDRESS	4387 Tensley Ave	
CITY-ST-ZIP	Marianna, FL 32446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shepherd Mynick	
STREET ADDRESS	4259 meadowview Rd	
CITY-ST-ZIP	Marianna, FL 32446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*Tommy Speights*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)