

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90010 025 \*\*\*\*61.25

**DOCUMENT # N96000001514**

1. Entity Name

**PALATKA - PUTNAM COUNTY SENIOR CITIZENS, INC.**

Principal Place of Business

Mailing Address

CRILL AVENUE  
PALATKA FL 32177

POST OFFICE BOX 154  
PALATKA FL 32178-0154  
US

1 1 0 0 0 0



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3374261**

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

Name

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

City

**FL**

Zip Code

**OVERTURF, STEVE**  
**307 SOUTH PALM AVENUE**  
**PALATKA FL 32177**

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, 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**

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

DP OVERTURF, STEVE 307 SOUTH PALM AVENUE PALATKA FL 32177	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LeRoy, Debra Post office Box 774 N/A Palatka, FL 32178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D ELROD, SARAH 521 SOUTH 17TH STREET PALATKA FL 32177	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pierce Natalie 6061 St. Johns Ave. Palatka, FL 32177	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D ALEXANDER, JOHN 919 CARR STREET PALATKA FL 32177	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Owens Arthur 2215 Diana Drive Palatka, FL 32177	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D STEMBLER, WALLACE P P.O. BOX 40 EAST PALATKA FL 32131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tom Smith 112 Crestwood Ave. Palatka, FL 32177	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DS WHITE, GWENDOLYN P.O. BOX 143 PALATKA FL 32178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D WILLIS, BETTY 606 SOUTH 13TH STREET PALATKA FL 32177	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**STEVE OVERTURF, PRES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)