

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003069

1. Entity Name

KEEP FRANKLIN COUNTY BEAUTIFUL, INC.

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90054 024 \*\*\*\*61.25

00049877



DO NOT WRITE IN THIS SPACE

Principal Place of Business 61 W. GOLF BEACH. ST. GEORGE ISLAND FL 32328		Mailing Address P O BOX 120 EASTPOINT FL 32328 US	
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 <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  PHILLIPS, CONNIE 61 W. GOLF BEACH DR. ST. GEORGE ISLAND FL 32328		7. Name and Address of New Registered Agent Name <u>Pilcher, Lucile</u> Street Address (P.O. Box Number is Not Acceptable) <u>61 W. Gulf Beach DR.</u> City <u>ST. GEORGE Island</u> FL Zip Code <u>32328</u>	
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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 Lucile Pilcher DATE 4.24.01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOGAN, GUY 319 CHERRY ST. EASTPOINT FL 32328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSS, CORA 198 5TH ST APALACHICOLA FL 32320 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOGAN, MARILYN 319 CHERRY ST. EASTPOINT FL 32328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Ticia Lipscomb, Ticia 60 EAST Gulf Beach Drive ST. GEORGE Island, FL 32328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOSELEY, BETH 120 OLD FERRY DOCK RD EASTPOINT FL 32328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONAHOE, SHAUN 17 1/2 AVE E. ST GEORGE ISLAND FL 32328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGAN, CINDY 198 OLD FERRY DOCK RD. EASTPOINT FL 32328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Signature Required DATE 4/24/01 (850) 927-2511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (10/00)