

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003069

1. Entity Name

KEEP FRANKLIN COUNTY BEAUTIFUL, INC.

FILED

Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90021 016 ****61.25

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 NOT APPLICABLE

Applied For
Not Applicable

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

PILCHER, LUCILE
61 W. GULF BEACH DR.
ST. GEORGE ISLAND FL 32328

Name

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

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.

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 SD
NAME LIPSCOMB, TICIA ☐ Delete
STREET ADDRESS 60 EAST GULF BEACH DRIVE
CITY-ST-ZIP EASTPOINT FL 32328

TITLE President ☐ Change ☒ Addition
NAME Van Johnson
STREET ADDRESS 210 Highway 65
CITY-ST-ZIP EASTPOINT, FL 32328

TITLE TD
NAME MOSELEY, BETH ☐ Delete
STREET ADDRESS 120 OLD FERRY DOCK RD
CITY-ST-ZIP EASTPOINT FL 32328

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

TITLE D
NAME DONAHOE, SHAUN ☐ Delete
STREET ADDRESS 17 1/2 AVE E.
CITY-ST-ZIP ST GEORGE ISLAND FL 32328

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

TITLE D
NAME HOGAN, CINDY ☐ Delete
STREET ADDRESS 198 OLD FERRY DOCK RD.
CITY-ST-ZIP EASTPOINT FL 32328

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

TITLE ☐ Delete
NAME VATT JOHNSON
STREET ADDRESS 210 Highway 65
CITY-ST-ZIP EASTPOINT, FL 32328

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

06-28-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)