

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

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90059 028 \*\*\*\*61.25

**DOCUMENT # N96000003247**

1. Entity Name

**KEEP TRI-COUNTIES BEAUTIFUL, INC.**



Principal Place of Business

**ROUTE 1, BOX 375  
RAIFORD FL 32083**

Mailing Address

**P.O. BOX 647  
RAIFORD FL 32083**

**DUUU0223**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3492563**

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

**CROFT, JAMES  
ROUTE 1, BOX 375  
RAIFORD FL 32083**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BREMAN, JACQUE 25 NORTH FIRST ST. LAKE BUTLER FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP KETT, SUSAN P.O. BOX 70 N/A OLUSTEE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALLEN, HERMAN W RT. 4 BOX 2490 LAKE BUTLER FL 32054</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WISE, D 925 E. NORTH TEMPLE STARKE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP JAMERSON, MIKE POB 753 ALACHUA FL 32615</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT LOWERY, MARK P.O. BOX 669 GLEN ST. MARY FL 32040</b> <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Susan Kett* **RECEIVED** *1/7/03* *386-752-2577*

CR2E037 (10/02)

*Attachment*

**Keep Tri-counties Beautiful, Inc.**

***Additional Officers/Directors***

*# 196000003247*

D Judy Butterfield 2266 N. Temple Ave. Starke, FL 32091	DS Angela K. Macey 925-D N. Temple Ave. Starke, FL 32091
D Vick Givens P.O. Box 346 N/A Sanderson, FL 32087	DVP Eoline Underhill Rt. 1, Box 861 Starke, FL 32091
D Irma Clyatt Rt. 2, Box 260 Lake Butler, FL 32054	D Nell Dowling P.O. Box 93 N/A Olustee, FL 32072
D Dean Bennett P.O. Box 808 N/A Lake Butler, FL 32054	D Betty Emerick Rt. 4, Box 3596 Lake Butler, FL 32054
D Beth Mock 172 N. Blvd., West Macclenny, FL 32063	D David Wright P.O. Box 753 N/A Starke, FL 32091