

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003916

1. Entity Name

WASHINGTON COUNTY TEEN COURT, INC.

Principal Place of Business

1293 JACKSON AVE  
BLDG 300  
CHIPLEY FL 32428

Mailing Address

PO BOX 590  
CHIPLEY FL 32428-0590  
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

59-3406334

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

WHITE, DOUG  
1293 JACKSON AVE  
BLDG 300  
CHIPLEY FL 32428

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          | PD                        | <input checked="" type="checkbox"/> Delete |
| NAME           | ACKERMAN, JIM             |  |
| STREET ADDRESS | P.O. BOX 602 N/A          |  |
| CITY-ST-ZIP    | CHIPLEY FL                |  |
| TITLE          | VD                        | <input type="checkbox"/> Delete            |
| NAME           | WHITE, DOUG               |  |
| STREET ADDRESS | 1293 JACKSON AVE BLDG 300 |  |
| CITY-ST-ZIP    | CHIPLEY FL                |  |
| TITLE          | TD                        | <input checked="" type="checkbox"/> Delete |
| NAME           | NEBEL, RUDI               |  |
| STREET ADDRESS | 1212 COURT AVE            |  |
| CITY-ST-ZIP    | CHIPLEY FL                |  |
| TITLE          | SD                        | <input checked="" type="checkbox"/> Delete |
| NAME           | BULLOCK, SHIRLEY          |  |
| STREET ADDRESS | 914 HWY 90                |  |
| CITY-ST-ZIP    | CHIPLEY FL                |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

|                |                   |  |
|----------------|-------------------|--|
| TITLE          | PD                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | COOK, Linda       |  |
| STREET ADDRESS | P.O. Box 647      |  |
| CITY-ST-ZIP    | Chipley, FL 32428 |  |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          | TD                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Robyn Hatcher     |  |
| STREET ADDRESS | P.O. Box 826      |  |
| CITY-ST-ZIP    | Chipley, FL 32428 |  |
| TITLE          | SD                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Peggy Gay         |  |
| STREET ADDRESS | P.O. Box 647      |  |
| CITY-ST-ZIP    | Chipley FL 32428  |  |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 27, 2000 8:00 am  
Secretary of State

01-27-2000 90116 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)