

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 06, 2002 8:00 am
Secretary of State

05-06-2002 90160 004 ****61.25

DOCUMENT # N96000003916

1. Entity Name

WASHINGTON COUNTY TEEN COURT, INC.

Principal Place of Business

Mailing Address

**575 HOYT AVENUE
CHIPLEY FL 32428**

**PO BOX 30
CHIPLEY FL 32428
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

680 2nd St.

**Suite, Apt. #, etc.
Room #22**

Suite, Apt. #, etc.

Chipley, FL

City & State

**Zip
32428**

**Country
U.S.**

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 **Rudolph C. Shepard, Jr.**

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

1293 Jackson Ave

Bldg 300

City **Chipley,**

FL

Zip Code **32428**

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

Rudolph C. Shepard, Jr.

4/12/02

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	COOK, LINDA	
STREET ADDRESS	P O BOX 647	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FINCH, BARBARA	
STREET ADDRESS	PO BOX 590	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HATCHER, ROBYN	
STREET ADDRESS	P O BOX 826	
CITY-ST-ZIP	MARIANNA FL 32447	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BLANKENSHIP, MARY	
STREET ADDRESS	1841 RUDD ROAD	
CITY-ST-ZIP	COTTONDALE FL 32431	
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	Barbara M. Finch	
STREET ADDRESS	P.O. Box 590	
CITY-ST-ZIP	Chipley, FL 32428	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Herbert	
STREET ADDRESS	1331 South Blvd.	
CITY-ST-ZIP	Chipley, FL 32428	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rudolph C. Shepard, Jr.	
STREET ADDRESS	P.O. Box 590	
CITY-ST-ZIP	Chipley, FL 32428	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Corso	
STREET ADDRESS	2029 Muddh:11 Rd.	
CITY-ST-ZIP	Wassau, FL 32463	
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 reports 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/02 850/638-6180

CR2E037 (9/01)