2000 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
May 01, 2000 8:00 am
Secretary of State
02-13-2000 90010 043 ****70.00

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1. Entity Name

BIG BEND JOBS AND EDUCATION COUNCIL, INC.

Principal Place of Business	Mailing Address
BBJEC @ TCC. 444 APPLEYARD DRIVE ADMINISTRATION BLDG., ROOM 227 TALLAHASSEE FL 32304-2895	BBJEC @ TCC. 444 APPLEYARD DRIVE 565 E. TENNESEE ST. TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

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
MARYANSKI, LIZ TCC, 444 APPLEYARD DRIVE ADMINISTRATION BLDG., ROOM 208 TALLAHASSEE FL 32304	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 Liz Maryanski 1/13/2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CT DUPONT, JANEY P.O. BOX 60, N/A QUINCY FL 32353	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman Taliaferro, Len-D MCFLTLHO Box 2214-D Tallahassee, FL 32316-2214	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCT TALIAFERRO, LEN MS FLTLHO 0104, BOX 2214, N/A TALLAHASSEE FL 32316-2214	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-Chair Thornton, Glenda-D PO Box 1454-D Tallahassee, FL 32302-1454	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST THORNTON, GLENDA P.O. BOX 1454, N/A TALLAHASSEE FL 32302	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Dozier, Kelly-D 1713 Mahan Drive-D Tallahassee, FL 32308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT LEONARD, IRVINE 1819 W. TENNESSEE STREET TALLAHASSEE FL 32304	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Barkley, Robert-D PO Box 1726-D Quincy, FL 32353-1726	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EDT POPE, JEPTHA W 565 E. TENNESSEE ST. TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Liz Maryanski SIGNATURE REQUIRED 1/12/00 (850)414-6085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #