

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006141

1. Entity Name

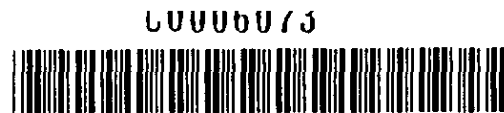
COUNCIL FOR PROGRESS OF SUWANNEE COUNTY, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90304 028 ****61.25

Principal Place of Business	Mailing Address
601 E. HOWARD STREET LIVE OAK FL 32060 US	601 E. HOWARD STREET LIVE OAK FL 32060-3401 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3412543	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EDDY HILL HOUSE 601 E. HOWARD STREET LIVE OAK FL 32064	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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																								
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>POOLE, RONNIE</td><td></td></tr><tr><td>STREET ADDRESS</td><td>123 E. HOWARD STREET</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>LIVE OAK FL 32060</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	POOLE, RONNIE		STREET ADDRESS	123 E. HOWARD STREET		CITY-ST-ZIP	LIVE OAK FL 32060		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)