2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004475

1. Entity Name
BOOKER - TURNER ECONOMIC DEVELOPMENT INC.

FILED
00 SEP 28 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
701 NORTH 10th STREET PALATKA, FL 32177	409 OLEANDER DR PALATKA, FL 32177

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-367-1830 ☐ 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
MELVYN RYLES 702 NORTH 19 STREET PALATKA, FL 32177	Name ROSILYN HILL Street Address (P.O. Box Number is Not Acceptable) 412 NORTH 8th STREET City PALATKA FL Zip Code 32177

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.

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-10/12/00--01095--033
*****61.25 *****61.25

SIGNATURE Rosilyn Hill
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	B.R. BURCH - President ☒ Delete P.O. BOX 1102 EAST PALATKA, FL 32131	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CLARENCE WILLIAMS - P ☐ Change ☒ Addition 409 OLEANDER DRIVE PALATKA FL, 32177
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RENO FELLS - Trustee ☒ Delete 607 MOODY RD - Apt 25-D PALATKA FL 32177	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ALVIN LA VAIN - VP ☐ Change ☒ Addition 622 NORTH 6th St PALATKA FL 32177
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARY LONG GEORGE - Sec ☒ Delete 922 OAK STREET PALATKA FL 32177	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROSILYN HILL - SECRETARY ☐ Change ☒ Addition 412 NORTH 8th St PALATKA, FL 32177
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARY HEARD - TREASURER ☒ Delete 810 CARR STREET PALATKA FL 32177	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GERTHIA ELLIS - TREASURER ☐ Change ☒ Addition 1522 WASHINGTON St PALATKA, FL 32177
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAMES NORWOOD SR. TRUSTEE ☒ Delete 803 NORTH 19TH ST PALATKA FL 32177	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EUGENE FOSTER, SR - T ☐ Change ☒ Addition P.O. BOX 614 EAST PALATKA, FL 32131 LS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PATRICIA DOUGLAS ☒ Delete 1600 WASHINGTON ST Apt 25-D PALATKA, FL 32177	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAMES WILLIAMS - T ☐ Change ☒ Addition 1424 OCEAN St PALATKA FL 32177

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: Clarence Williams 8-31-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #