2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

ther like empowered

FILED DOCUMENT # N9800004551 May 17, 2000 8:00 am 1. Entity Name Secretary of State MAINSTREET HAMILTON COUNTY, INC. 05-17-2000 90971 017 ****61.25 Principal Place of Business Mailing Address P.O. BOX 1930 P.O. BOX 1930 JASPER FL 32052 JASPER FL 32052-1930 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 53-3534429 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired - . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable) LANG, DOUGLAS J 2039 HAMILTON AVE JENNINGS FL 32053 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE M Delete TITLE LANG, DOUGLAS J NAME NAME 2039 HAMILTON AVE STREET ADDRESS STREET ADDRESS JENNINGS FL 32053 CITY-ST-ZIP CITY-ST-ZIP **■** Addition □ Change TITLE TITLE Delete GREENE, WILLIAM R NAME NAME PO BOX 1555 STREET ADDRESS STREET ADDRESS JASPER FL 32052 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE TITLE Delete HARRIS, JANE NAME NAME 1386 PLUM ST STREET ADDRESS STREET ADDRESS JENNINGS FL 32053 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE K Change TITL F Deleté MILLER, JOYCE C NAME NAME 7686 US HWY 1205 STREET ADDRESS STREET ADDRESS JASPER FL 32052 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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