

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**  
 05-01-2002 91470 049 \*\*\*\*61.25

**DOCUMENT # N98000004551**

1. Entity Name

**MAINSTREET HAMILTON COUNTY, INC.**

Principal Place of Business

Mailing Address

~~501 NE FIRSTS AVE  
 JASPER FL 32052~~

P.O. BOX 1930  
 JASPER FL 32052

2. Principal Place of Business

3. Mailing Address

**111 S.W. Central Av.**

**P.O. Box 1930**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Jasper FL.**

**Jasper FL**

Zip

Country

Zip

Country

**32052**

**U.S.A.**

**32052**

**U.S.A.**

4. FEI Number

**53-3534429**

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

**GREEN, WILLIAM  
 2039 HAMILTON AVE  
 JASPER FL 32052**

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

*William D. Greene*

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 ☐ Delete  
 NAME PD  
 STREET ADDRESS GREENE, WILLIAM  
 CITY-ST-ZIP 104 SW 4TH AVE  
 JASPER FL 32052

TITLE ☐ Change ☐ Addition  
 NAME Greene, William A.  
 STREET ADDRESS P.O. Box 1555  
 CITY-ST-ZIP Jasper FL 32052

TITLE ☐ Delete  
 NAME T  
 STREET ADDRESS MILLER, JOYCE C  
 CITY-ST-ZIP 7220 US HWY 1295  
 JASPER FL 32052

TITLE ☐ Change ☐ Addition  
 NAME Miller, Joyce C  
 STREET ADDRESS 7220 US Hwy 129.  
 CITY-ST-ZIP Jasper FL 32052

TITLE ☒ Delete  
 NAME SD  
 STREET ADDRESS LEE, HELEN  
 CITY-ST-ZIP 3211 NW 34 STREET  
 JENNINGS FL 32053

TITLE ☒ Change ☐ Addition  
 NAME McCoy, melody  
 STREET ADDRESS 9905 NW 18th Dr.  
 CITY-ST-ZIP Jasper FL 32052

TITLE ☒ Delete  
 NAME VD  
 STREET ADDRESS MCCULLY, RICHARD  
 CITY-ST-ZIP 104 SW 4TH AVE  
 JASPER FL 32052

TITLE ☒ Change ☐ Addition  
 NAME Foster, Cathy Jo  
 STREET ADDRESS 110 Hatley  
 CITY-ST-ZIP Jasper, FL 32052

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

*William D. Greene*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)