

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005644

1. Entity Name

HOLMES COUNTY TEEN COURT, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90036 011 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 779 U/A
BONIFAY FL 32425

P.O. BOX 397
BONIFAY FL 32425-0397

2. Principal Place of Business

211 W. Iowa Avenue

3. Mailing Address

211 W. Iowa Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonifay, FL

City & State

Bonifay FL

4. FEI Number

59-3546325

Applied For

Not Applicable

Zip

32425

Country

USA

Zip

32425

Country

USA

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

TAYLOR, CODY
201 NORTH OKLAHOMA
BONIFAY FL 32425

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

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 D ☐ Delete
NAME WICKHAM, MELINDA
STREET ADDRESS P.O. BOX 779 U/A
CITY-ST-ZIP BONIFAY FL 32425

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

TITLE D ☐ Delete
NAME BENNETT, RONNIE
STREET ADDRESS 809 S. WAUKESHA ST.
CITY-ST-ZIP BONIFAY FL 32425

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

TITLE DC ☐ Delete
NAME TAYLOR, CODY
STREET ADDRESS 201 N. OKLAHOMA ST.
CITY-ST-ZIP BONIFAY FL 32425

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

TITLE VC ☐ Delete
NAME GRIFFIN, STEVE
STREET ADDRESS 116 MAIN ST.
CITY-ST-ZIP BONIFAY FL 32425

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

TITLE DS ☐ Delete
NAME HOLMAN, JOAN
STREET ADDRESS 109 N. WAUKESHA ST.
CITY-ST-ZIP BONIFAY FL 32425

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

TITLE T ☒ Delete
NAME GARNER, SHARON
STREET ADDRESS EAST HWY 90
CITY-ST-ZIP BONIFAY FL

TITLE ☐ Change ☐ Addition
NAME Director
STREET ADDRESS Dennis Lee, Sheriff
CITY-ST-ZIP 211 N. Oklahoma Street
Bonifay, FL 32425

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)