

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2001 8:00 am
Secretary of State

06-08-2001 90007 011 ****61.25

0016322

DOCUMENT # N98000005644

1. Entity Name

HOLMES COUNTY TEEN COURT, INC.

Principal Place of Business

211 W IOWA AVE
 BONIFAY FL 32425
 US

Mailing Address

211 W IOWA AVE
 BONIFAY FL 32425
 US

2. Principal Place of Business

211 N. Oklahoma Street

3. Mailing Address

211 N. Oklahoma Street

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
 US

Zip
 32425

Country
 US

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WICKHAM, MELINDA	
STREET ADDRESS	P.O. BOX 779 U/A	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, RONNIE	
STREET ADDRESS	809 S. WAUKESHA ST.	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	DC	<input type="checkbox"/> Delete
NAME	TAYLOR, CODY	
STREET ADDRESS	201 N. OKLAHOMA ST.	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	VC	<input type="checkbox"/> Delete
NAME	GRIFFIN, STEVE	
STREET ADDRESS	116 MAIN ST.	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HOLMAN, JOAN	
STREET ADDRESS	109 N. WAUKESHA ST.	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, DENNIS	
STREET ADDRESS	211 N OKLAHOMA ST	
CITY-ST-ZIP	BONIFAY FL 32425	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE REQUIRED

CR2E037 (10/00)