

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005644

1. Entity Name

HOLMES COUNTY TEEN COURT, INC.

FILED

Feb 25, 2002 8:00 am  
Secretary of State

02-25-2002 90057 040 \*\*\*\*61.25

Principal Place of Business

Mailing Address

211 N. OKLAHOMA ST  
BONIFAY FL 32425  
US

211 N. OKLAHOMA ST  
BONIFAY FL 32425  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3546325

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

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 Jean B. West  
STREET ADDRESS 211 W. Iowa  
CITY-ST-ZIP Bonifay, FL 32425

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 Cody Taylor  
STREET ADDRESS 201 N. Oklahoma St.  
CITY-ST-ZIP Bonifay, FL 32425

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

TITLE ☒ Change ☐ Addition  
NAME Steve Griffin  
STREET ADDRESS 116 Main Street  
CITY-ST-ZIP Bonifay FL 32425

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 D ☐ Delete  
NAME LEE, DENNIS  
STREET ADDRESS 211 N OKLAHOMA ST  
CITY-ST-ZIP BONIFAY FL 32425

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 lines empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)