

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

0015475

05-29-2001 90015 049 *****61.25

DOCUMENT # N99000002519

1. Entity Name

JEFFERSON COUNTY YOUTH COUNCIL, INC.

Principal Place of Business

**275 NORTH MULBERRY ST.
 MONTICELLO FL 32344**

Mailing Address

**PO BOX 346
 MONTICELLO FL 32345**

2. Principal Place of Business

555 Tiger Trail
 Suite, Apt. #, etc. **0**

3. Mailing Address

P.O. Box 346
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Monticello FL

City & State

Monticello FL

4. FEI Number

59-3609234

Applied For

Not Applicable

Zip

32344

Country

Jefferson

Zip

32345

Country

Jefferson

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HALSEY, LARRY
 275 NORTH MULBERRY ST.
 MONTICELLO FL 32344**

7. Name and Address of New Registered Agent

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.

(NOT: 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 **CD** ☐ Delete
 NAME **ROANN, GLADYS**
 STREET ADDRESS **P.O. BOX 524**
 CITY-ST-ZIP **MONTICELLO FL 32345**

TITLE **VCD** ☐ Delete
 NAME **FREEMAN, LARRY**
 STREET ADDRESS **P.O. BOX 17**
 CITY-ST-ZIP **MONTICELLO FL 32345**

TITLE **TD** ☐ Delete
 NAME **HALSEY, LARRY**
 STREET ADDRESS **P.O. BOX 167**
 CITY-ST-ZIP **MONTICELLO FL 32345**

TITLE **S** ☐ Delete
 NAME **BARFIELD, BESTY**
 STREET ADDRESS **RT 4 BOX 4085 G**
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE **D** ☒ Delete
 NAME **HUBERT, PAMELA**
 STREET ADDRESS **910 W WASHINGTON ST**
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☒ Change ☐ Addition
 NAME **D WHITTY, JEFF**
 STREET ADDRESS **1567 Spring Hollow Dr.**
 CITY-ST-ZIP **Monticello, FL 32344**

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:

JEFFREY WHITEHEAD

5/11/01

(850) 997-5262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E037 (10/00)