

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003958

1. Entity Name

MAIN STREET OF MONTICELLO/JEFFERSON COUNTY, INC.

Principal Place of Business

420 W. WASHINGTON ST.  
MONTICELLO FL 32344

Mailing Address

420 W. WASHINGTON ST.  
MONTICELLO FL 32344-1446

2. Principal Place of Business

290 No. Jefferson

Suite, Apt. #, etc.

3. Mailing Address

290 No. Jefferson

Suite, Apt. #, etc.

City & State

Monticello, FL

City & State

Monticello, FL

Zip

32344

Country

Jefferson

Zip

32344

Country

Jefferson

4. FEI Number

59-59-356856

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BIRD, T. BUCKINGHAM  
200 CHERRY ST.  
MONTICELLO FL

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.

(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 ☐ Delete

PD  
NAME EVELAND, JOY  
STREET ADDRESS RT-1 BOX 4184  
CITY-ST-ZIP MONTICELLO FL 32344

TITLE ☐ Delete

VD  
NAME JACKSON, TRACY  
STREET ADDRESS 168 E. DOGWOOD  
CITY-ST-ZIP MONTICELLO FL 32345

TITLE ☐ Delete

SD  
NAME KERR, MARY FRANCES  
STREET ADDRESS 685 N. JEFFERSON  
CITY-ST-ZIP MONTICELLO FL 32345

TITLE ☐ Delete

TD  
NAME MILLER, GEORGE  
STREET ADDRESS 240 W. WASHINGTON ST.  
CITY-ST-ZIP MONTICELLO FL 32344

TITLE ☐ Delete

D  
NAME RICKEY, JAN  
STREET ADDRESS 420 W. WASHINGTON ST.  
CITY-ST-ZIP MONTICELLO FL 32344

TITLE ☐ Delete

D  
NAME GLENN, LISA  
STREET ADDRESS 420 W. WASHINGTON ST.  
CITY-ST-ZIP MONTICELLO FL 32344

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition

PD  
NAME Jackson, Tracy  
STREET ADDRESS 166 E. Dogwood  
CITY-ST-ZIP Monticello, FL 32344

TITLE ☒ Change ☐ Addition

VD  
NAME KERR, MARY FRANCES  
STREET ADDRESS 695 No. Jefferson  
CITY-ST-ZIP Monticello, FL 32344

TITLE ☒ Change ☐ Addition

SD  
NAME Miller, Judy  
STREET ADDRESS 240 W. Washington  
CITY-ST-ZIP Monticello, FL 32344

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

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:

MARY FRANCES KERR

3-8-00

850-997-5552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)