

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000005591**

1. Entity Name

JAY AREA MERCHANTS ASSOCIATION, INC.

Principal Place of Business

4831 WALKING HORSE LANE
JAY FL 32565

Mailing Address

4831 WALKING HORSE LANE
JAY FL 32565-2679

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

59-3601079

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BUSH, DONNA
4831 WALKING HORSE LANE
JAY FL 32565

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 \$61.259. 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 ☐ Delete
NAME **PD**
STREET ADDRESS **PATRICK, BILL**
CITY-ST-ZIP **3894 HWY 4**
JAY FL 32565TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VD**
STREET ADDRESS **BROWN, JIMMY**
CITY-ST-ZIP **3930 HWY. 4**
JAY FL 32565TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **SD**
STREET ADDRESS **BUSH, DONNA D**
CITY-ST-ZIP **4831 WALKING HORSE LANE**
JAY FL 32565TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **TD**
STREET ADDRESS **STEWART, JACOLYN B**
CITY-ST-ZIP **3793 HWY 4**
JAY FL 32565TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **MIDDLETON, MAROLYN**
CITY-ST-ZIP **2779 NELSONTOWN ROAD**
JAY FL 32565TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME **D**
STREET ADDRESS **BUSH, WHITNEY**
CITY-ST-ZIP **4831 WALKING HORSE LANE**
JAY FL 32565TITLE ☐ Change ☐ Add
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)(f), 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: *Jaclyn B Stewart*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-675-6576
JACOLYN B STEWART, TREASURER 1-5-00

Date

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90070 033 ****61.25

A0004308



DO NOT WRITE IN THIS SPACE