

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N99000005640**

1. Entity Name

KEEP CALHOUN COUNTY BEAUTIFUL, INC.

Principal Place of Business

**340 EAST CENTRAL AVE.
BLOUNTSTOWN FL 32424**

Mailing Address

**340 EAST CENTRAL AVE.
BLOUNTSTOWN FL 32424**

2. Principal Place of Business

20816 Central Ave. East
Suite, Apt. #, etc.

3. Mailing Address

20816 Central Ave. East
Suite, Apt. #, etc.

City & State

Blountstown, FL

Zip
32424

Country
U.S.

City & State

Blountstown, FL

Zip
32424

Country
U.S.

4. FEI Number

59-3371318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRINKLEY, MONICA
340 EAST CENTRAL AVE.
BLOUNTSTOWN FL 32424**

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
After September 12, 2001, min. will be \$236.25**

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** ☐ Delete
NAME **TRAYLOR, DORIS**
STREET ADDRESS **P.O. BOX 631**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

TITLE **D** ☐ Delete
NAME **BRINKLEY, MONICA**
STREET ADDRESS **722 WADE ST.**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

TITLE **D** ☐ Delete
NAME **FOSTER, CAROL**
STREET ADDRESS **524 W. MARIE AVE.**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **Brinkley, Monica**
STREET ADDRESS **Rt. 1 Box 227B**
CITY-ST-ZIP **Bristol, FL 32321**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: Monica L. Brinkley Monica L. Brinkley 7/31/01 (850)674-8323

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90002 034 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)