

2002 UNIFORM BUSINESS REPORT (UBR)

8/4

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-04-2002 90162 025 ****61.25

DOCUMENT # N99000005640

1. Entity Name

KEEP CALHOUN COUNTY BEAUTIFUL, INC.

Principal Place of Business

20816 CENTRAL AVE EAST
 BLOUNTSTOWN FL 32424

Mailing Address

20816 CENTRAL AVE EAST
 BLOUNTSTOWN FL 32424

2. Principal Place of Business

15870 SE S PEAR ST.

3. Mailing Address

P.O. Box 631

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BLOUNTSTOWN FL

City & State

BLOUNTSTOWN FL

Zip

32424

Country

CALHOUN

Zip

32424

Country

CALHOUN

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

DORIS TRAYLOR

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

15870 SE S. PEAR ST.

City

BLOUNTSTOWN

FL

Zip Code

32424

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Doris E. Traylor

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07-31-02

DATE

After September 13, 2002,
 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	<input checked="" type="checkbox"/> Delete
NAME	BRINKLEY, MONICA	
STREET ADDRESS	RT 1 BOX 227B	
CITY-ST-ZIP	BRISTOL FL 32321	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRINKLEY, MONICA	
STREET ADDRESS	722 WADE ST.	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, CAROL	
STREET ADDRESS	524 W. MARIE AVE.	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORIS TRAYLOR	
STREET ADDRESS	15870 SE S PEAR ST.	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARILYN WALLER	
STREET ADDRESS	23207 NE SR 69	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMANTHA TAYLOR	
STREET ADDRESS	20816 CENTRAL AVE E	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2007 (4/02)

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:

Doris E. Traylor
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-02

Date

850-674-4472

Daytime Phone #