

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90099 018 ***150.00

DOCUMENT # P01000038175

1. Entity Name
MONTICELLO LINE DANCERS & MUSICIANS ASSOCIATION, INC.



Principal Place of Business
295 W. CHEROKEE ST
MONTICELLO FL 32344

Mailing Address
P.O. BOX 342
MONTICELLO FL 32345



2. Principal Place of Business

3. Mailing Address

6427 Crooked Creek Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Tallahassee FL

4. FEI Number 59-3696930

Applied For
Not Applicable

Zip

Country

32311

Leon

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

RUDD, ANDREW B
540 CAROLINA STREET
MONTICELLO FL 32345

Name Earl Cochran
Street Address (P.O. Box Number is Not Acceptable)
6427 Crooked Creek Rd
City Tallahassee FL Zip Code 32311

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 *Earl Cochran* **Earl Cochran President**

3-25-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ **Delete**
NAME RUDD, ANDREW B
STREET ADDRESS 295 W. CHEROKEE ST
CITY-ST-ZIP MONTICELLO FL 32344

TITLE P ☐ **Change** ☒ **Addition**
NAME Earl Cochran
STREET ADDRESS 6427 Crooked Creek Rd
CITY-ST-ZIP Tallahassee FL 32311

TITLE V ☐ **Delete**
NAME GORGA, JUDY
STREET ADDRESS 295 W. CHEROKEE ST
CITY-ST-ZIP MONTICELLO FL 32344

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

TITLE S ☒ **Delete**
NAME RODDENBERRY, VETA
STREET ADDRESS 295 W. CHEROKEE ST
CITY-ST-ZIP MONTICELLO FL 32344

TITLE S ☐ **Change** ☒ **Addition**
NAME Cheryl Bennett
STREET ADDRESS 1150 Turney Anderson Rd.
CITY-ST-ZIP Monticello FL

TITLE T ☒ **Delete**
NAME STRICKLAND, ETHEL
STREET ADDRESS 295 W. CHEROKEE ST
CITY-ST-ZIP MONTICELLO FL 32344

TITLE T ☐ **Change** ☒ **Addition**
NAME Jerry Boatwright
STREET ADDRESS 287 Nash Rd
CITY-ST-ZIP Lamont FL 32336

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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 607, 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: *Earl Cochran* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-03 850-576-0102

Date

Daytime Phone #

CR2E034 (10/02)