

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90328 015 ***150.00

DOCUMENT # V48687

1. Entity Name
BAKER COUNTY STANDARD, INC.

Principal Place of Business

2 E. MACCLENNEY AVE.
MACCLENNEY FL 32063

Mailing Address

2 E. MACCLENNEY AVE.
MACCLENNEY FL 32063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3134149

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

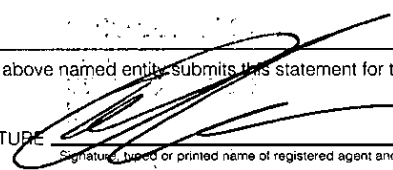
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CARR, RAY V~~
~~RT 1 BOX 975-C~~
MACCLENNEY FL 32063

Name Wayne S Carr
Street Address (P.O. Box Number is Not Acceptable)
9682 Barber Loop Rd
City Macclenny FL 32063

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  (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------------|--|
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | CARR, RAY | |
| STREET ADDRESS | RT. 1, BOX 975-C | |
| CITY-ST-ZIP | MACCLENNEY FL 32063 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | RHODEN, TINA | |
| STREET ADDRESS | 515 SOUTH SIXTH STREET | |
| CITY-ST-ZIP | MACCLENNEY FL 32063 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | CARR, WAYNE S | |
| STREET ADDRESS | RT 3 BOX 983-B 9682 Barber Loop Rd | |
| CITY-ST-ZIP | MACCLENNEY FL 32063 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | CARR, NINA J | |
| STREET ADDRESS | RTE 3 BOX 983-B 9682 Barber Loop Rd | |
| CITY-ST-ZIP | MACCLENNEY FL 32063 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROWE, JIMMY | |
| STREET ADDRESS | P.O. BOX 343 | |
| CITY-ST-ZIP | MACCLENNEY FL 32063 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STARLING, MARTHA | |
| STREET ADDRESS | RT. 1 BOX 586 | |
| CITY-ST-ZIP | MACCLENNEY FL 32063 | |

| | | |
|----------------|-----------------------|--|
| TITLE | VICE PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Olga Carr | |
| STREET ADDRESS | 3590 South Canal Rd | |
| CITY-ST-ZIP | Macclenny, FL 32063 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Gene Steves | |
| STREET ADDRESS | P.O. Box 1589 | |
| CITY-ST-ZIP | Glen St Mary FL 32040 | |
| 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 | | |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)