

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714480

1. Entity Name

MADISON COUNTY INDEPENDENT SCHOOLS, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90068 029 ****61.25

Principal Place of Business

Mailing Address

U. S. HIGHWAY 90 WEST
 BOX 690
 MADISON FL 32340-0690

U. S. HIGHWAY 90 WEST
 BOX 690
 MADISON FL 32341-0690

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1218101
APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUCRETIA, PFEIL M
 US HIGHWAY 90 WEST
 MADISON FL 32340

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, DOUGLAS	
STREET ADDRESS	500 SOUTHWEST HORRY ST.	
CITY-ST-ZIP	MADISON FL 32341	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HENDRY, TROY	
STREET ADDRESS	ROCKY FORD RD-RT 3 BOX 179	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RYKARD, TERRI	
STREET ADDRESS	210 LIVINGSTON ST	
CITY-ST-ZIP	MADISON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARFIELD LEIGH	
STREET ADDRESS	1107 PARK CIR	
CITY-ST-ZIP	MADISON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PROCTOR, JACK	
STREET ADDRESS	HWY 360-A / RT. 1 BOX 325	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEARCY, JIM	
STREET ADDRESS	RT 1, BOX 850	
CITY-ST-ZIP	MADISON FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Proctor, Jack	
STREET ADDRESS	Rt 1 Box 325	
CITY-ST-ZIP	Madison, FL 32340	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blair, Marilyn	
STREET ADDRESS	Rt 5 Box 16250	
CITY-ST-ZIP	Madison, FL 32340	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barrs, Edgar	
STREET ADDRESS	P.O. Box 194 / Hwy 255	
CITY-ST-ZIP	Lee, FL 32059	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Browning, Debra	
STREET ADDRESS	P.O. Box 1036 / Hwy 6	
CITY-ST-ZIP	Madison, FL 32340	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Floyd, Randy	
STREET ADDRESS	Rt 3 Box 11-B	
CITY-ST-ZIP	Greenville, FL 32331	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Welch, Allen	
STREET ADDRESS	Rt 2 Box 1181	
CITY-ST-ZIP	Madison, FL 32340	

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: JACK PROCTOR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00
 Date

850-973-2529
 Daytime Phone #

CR2E037 (9/99)