

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90082 034 \*\*\*\*61.25

**DOCUMENT # 714480**

1. Entity Name  
**MADISON COUNTY INDEPENDENT SCHOOLS, INC.**

Principal Place of Business <b>U. S. HIGHWAY 90 WEST          BOX 690          MADISON FL 32340-0690</b>	Mailing Address <b>U. S. HIGHWAY 90 WEST          BOX 690          MADISON FL 32340-0690</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1218101</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LUCRETIA, PFEIL M          US HIGHWAY 90 WEST          MADISON FL 32340</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	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 Mary Lucretia Pfeil Mary Lucretia Pfeil Jan. 9, 2002  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BARRS, EDGAR</b> <b>PO BOX 194 HWY 255</b> <b>LEE FL 32059</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>P</b> <b>Floyd, Randy</b> <b>Rt. 3, Box 11-B</b> <b>Greenville FL 32331</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FLOYD, RANDY</b> <b>RT. 3, BOX 11-B</b> <b>GREENVILLE FL 32331</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>VP</b> <b>Ashley, Don</b> <b>408 NE Hancock St.</b> <b>Madison, FL 32340</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BLAIR, MARILYN</b> <b>RT 5 BOX 6250</b> <b>MADISON FL 32340</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>S</b> <b>Money, Traci</b> <b>Rt. 2, Box 1250</b> <b>Madison, FL 32340</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BROWNING, DEBRA</b> <b>PO BOX 1036 HWY 6</b> <b>MADISON FL 32340</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ASHLEY, DON</b> <b>408 NE HANCOCK ST.</b> <b>MADISON FL 32340</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>P</b> <b>Sowell, Annette</b> <b>201 S. Range St.</b> <b>Madison, FL 32340</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MONEY, TRACI</b> <b>RT. 2, BOX 1250</b> <b>MADISON FL 32340</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>D</b> <b>Lewis, Mary Alice</b> <b>P.O. Box 478 - 404 N. Range St.</b> <b>Madison, FL 32341</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Randy Floyd **REQUIRED** 1/28/02 810 948-3183  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)