2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700775

1. Entity Name

DUVAL AUDUBON SOCIETY, INC.

Principal Place of Business 275 NORWICH RD ACKSONVILLE FL 32207 IS Mailing Address DUVAL AUDUBON SOCIETY 2965 FOREST CIRCLE JACKSONVILLE FL 32257-5617 US							
				OUL/93			
lace of Business	3. Mailing Address						
#, etc.	Suite, Apt. #, etc.			DO NOT WHITE IN T	HIS SPACE		
State City & State			4. FEI Number 59-1772426			Applied For Not Applicable	
Country Zip Co		Country	5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
		Name					
POWELL, MRS FITZHUGH			Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32257		City			FL Zip Coo	de	
The control of the co	the second shapping its	registered office or a	agistared agent, or both	n in the state of Florida			
named entity submits this statement for	the purpose of changing its	registered diffice of t	egistered agent, or both	i, in the state of Florida.			
			,			<u>.</u>	
Signature, typed or printed name of registered agent ar	nd title if applicable. (NOT	E: Registered Agent signatur	e required when reinstating)		ATE		
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FILE NOW:			\$5.00 May Be			0	
FEE IS \$61.25	Trust Fund Contrib	oution.	Added to Fees	Departn	nent of State		
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1275 NORWICH RD.		CITY-ST-ZIP				Į.	
	I RD FL 32207 lace of Business #, etc. e Country 6. Name and Address of Current R MRS FITZHUGH EST CIR VILLE FL 32257 I named entity submits this statement for Signature, typed or printed name of registered agent ar FILE NOW: FEE IS \$61.25	BRD DUVAL AUDUBON SOCIET 2985 FOREST CIRCLE JACKSONVILLE FL 32257-5 US Iace of Business	I RD FL 32207 DUVAL AUDUBON SOCIETY 2965 FOREST CIRCLE JACKSONVILLE FL 32257-5617 US lace of Business 3. Mailing Address #, etc. Country Zip Country Country Lip Country Country Street Agent Name Street Agent Name Street Agent Name Street Agent signature, typed or printed name of registered agent and title if applicable. (NOTE Pergetered Agent signature) FILE NOW: FEE IS \$61.25 PLECTION Campaign Financing Trust Fund Contribution. RS MURPHY, PATRICIA 6311 KELLOW DR ACKSONVILLE BEACH FL 32216 D Belete TITLE NAME 11076 ALUMNI WAY JACKSONVILLE FL VP TURNER, ANNE 11076 ALUMNI WAY JACKSONVILLE FL POWELL, PEGGY 2965 FOR CIRCLE JACKSONVILLE FL POWELL, PEGGY 2965 FOR CIRCLE JACKSONVILLE FL TILE NAME SIREET ADDRESS CITY-ST-ZIP CLARK, ROGER 3869 HECKSCHER DRIVE JACKSONVILLE FL TITLE NAME SIREET ADDRESS CITY-ST-ZIP CLARK, ROGER 3869 HECKSCHER DRIVE JACKSONVILLE FL TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP CLARK, ROGER 3869 HECKSCHER DRIVE JACKSONVILLE FL TITLE NAME SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP Delete NAME SIREET ADDRESS SIREE	BED DUVAL AUDUBON SOCIETY 285 FOREST CIRCLE LACKSONVILLE FL 32257-5617 US ace of Business 3. Mailing Address 4. FEI Number 5. Centificate 6. Name and Address of Current Registered Agent 7. Name and Name 5. Centificate 7. Name and Address of Current Registered Agent 7. Name and Name 5. Centificate 7. Name and Name 7. Name and Nam	DUNAL AUDUBON SOCIETY 2895 FOREST CIRCLE JACKSONVILLE FL 32257-5617 US DUNAL AUDUBON SOCIETY 2895 FOREST CIRCLE JACKSONVILLE FL 32257-5617 US JAMeling Address J. Malling Address J. Malling Address J. Malling Address J. Malling Address DO NOT WRITE INT Support Country Zip Country Zip Country Zip Country Zip Country S. Certificate of Status Desired Name Name Name Name Stroot Address of New Register Name Stroot Address (P.O. Box Number is Not Addesptable) Stroot Address (P.O. Box Number is Not Addesptable) T. Name and Address of New Register Note of Policies of Status Desired Name Stroot Address (P.O. Box Number is Not Addesptable) To City Inspired origination of professor of the purpose of changing its registered office or registered agent, or both, in the state of Horida Note of Policies of Status Desired Note of Policies of Status Desired Note of Policies of Status Desired Note of Status Desire	DUNAL AUDUBON SOCIETY 2985 FOREST CIRCLE 1985 STOREST CIRCLE 1985	

12. I hereby certify that the information supplied with this filling 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 chapter or the chapter of the chapter of

SIGNATURE:

JACKSONVILLE FL

changed, or on an attachment with an address, with all other like empowered

904-737-641Z Daytime Phone #

FILED

Jan 18, 2000 8:00 am Secretary of State 01-18-2000 90168 008 ****61.25