

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710499

1. Entity Name

OKLAWAHA VALLEY AUDUBON SOCIETY, INC.

Principal Place of Business

1225 SUN MEADOW LANE
GRAND ISLAND FL 32735
US

Mailing Address

PO BOX 641
EUSTIS FL 32727-0641
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

FILLEY, JOHN
1225 SUN MEADOW LN
GRAND ISLAND FL 32735

7. Name and Address of New Registered Agent

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 date 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

TITLE PD
NAME MICHELS, FRED ☒ Delete
STREET ADDRESS 1150 LAKE DORA DR.
CITY-ST-ZIP TAVARES FL 32728

TITLE VD
NAME CANNON, MARY ELLEN ☐ Delete
STREET ADDRESS 3420 LAUREL DR
CITY-ST-ZIP MT DORA FL 32757

TITLE VD
NAME HENNIS, MARY LOU ☐ Delete
STREET ADDRESS 2108 DOGWOOD DR
CITY-ST-ZIP MT DORA FL 32757

TITLE SD
NAME HAWKINS, RUTH ☒ Delete
STREET ADDRESS 101 N. GRANDVIEW ST.
CITY-ST-ZIP MT DORA FL 32757

TITLE ID
NAME FILLEY, JOHN ☐ Delete
STREET ADDRESS 1225 SUN MEADOW LN
CITY-ST-ZIP GRAND ISLAND FL 32757

TITLE D
NAME VINCENT, CHARLOTTE ☒ Delete
STREET ADDRESS 32672 OAK PARK DR
CITY-ST-ZIP LEEsburg FL 34748

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Wutke, Joyce
STREET ADDRESS 5 Royal Dr
CITY-ST-ZIP Eustis, FL 32726

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

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

TITLE SD ☒ Change ☐ Addition
NAME Vincent, Charlotte
STREET ADDRESS 4819 St. Andrews Arc
CITY-ST-ZIP Leesburg, FL 34748

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

TITLE ☒ Change ☐ Addition
NAME Rogers, Bob
STREET ADDRESS 119 Dracyn Pt
CITY-ST-ZIP Eustis, FL 32726

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90125 023 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2940154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)