

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90702 004 \*\*\*\*61.25

**DOCUMENT # 710499**

1. Entity Name

**OKLAWAHA VALLEY AUDUBON SOCIETY, INC.**

Principal Place of Business

Mailing Address

**TROUT LAKE NATURE  
 CR 44  
 EUSTIS FL 32726  
 US**

**PO BOX 641  
 EUSTIS FL 32727-0641  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2940154**

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

**BALLARD, ELIZABETH  
 611 OLD EUTIS RD  
 MOUNT DORA FL 32757**

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 type="checkbox"/> Delete
NAME	BALLARD, ELIZABETH	
STREET ADDRESS	611 OLD EUTIS RD	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EDMISTON, JIM	
STREET ADDRESS	4819 ST ANDREWS AVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ANDERSON, MARY	
STREET ADDRESS	9151 SILVER LAKE DR	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VINCENT, CHARLOTTE	
STREET ADDRESS	4819 ST ANDREWS AVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	ID	<input type="checkbox"/> Delete
NAME	DAY, KATHY	
STREET ADDRESS	6047 SPRING COURT	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	ID	<input type="checkbox"/> Delete
NAME	ROGERS, BOB	
STREET ADDRESS	118 BREEZY PT	
CITY-ST-ZIP	EUSTIS FL 32726	

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	
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	

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:

*Kathleen M. Day* KATHLEEN M DAY

Date

Daytime Phone #

CR2E037 (9/01)