

2000 UNIFORM BUSINESS REPORT (UBR)

0013369

DOCUMENT # N33285

1. Entity Name

WEKIVA WILDERNESS TRUST, INC.

APPROVED
AND
FILED

00 JUN -7 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1800 WEKIWA CIR
APOPKA FL 32712

1800 WEKIWA CIR
APOPKA FL 32712-2581

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2971659

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

FILLYAW, JOHN N
1800 WEKIWA CIRCLE
APOPKA FL 32712

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** ☐ Delete
NAME **BOEHMER, DAVE**
STREET ADDRESS **301 BLYTH CT**
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE **DV** ☒ Delete
NAME **AUSTAD, JAKE**
STREET ADDRESS **2655 ALAMOSA PL**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **DV** ☐ Change ☒ Addition
NAME **KIM JUAREZ**
STREET ADDRESS **3012 Foxhill Circle**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE **SD** ☐ Delete
NAME **FREYER, MARY ANNE**
STREET ADDRESS **3016 RIVERSIDE RD**
CITY-ST-ZIP **ORLANDO FL 32810**

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

TITLE **D** ☒ Delete
NAME **SUKKERT, DAVE**
STREET ADDRESS **1844 HIDDEN PINE LN**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **DT** ☐ Change ☒ Addition
NAME **LYN FELDMAN**
STREET ADDRESS **441 Whispering Oak Lane**
CITY-ST-ZIP **APOPKA, FL 32712**

TITLE **D** ☐ Delete
NAME **POOLE, RICHARD**
STREET ADDRESS **1435 OAK PLACE #B**
CITY-ST-ZIP **APOPKA FL 32712**

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

TITLE **D** ☒ Delete
NAME **ASHBY, DICK**
STREET ADDRESS **610 FOX VALLEY DR**
CITY-ST-ZIP **LONGWOOD FL 32779**

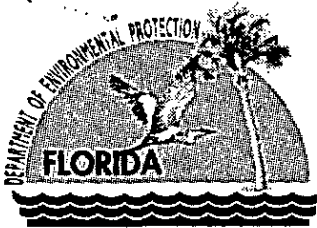
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/00 407/884-2006
Date Daytime Phone #

CR2E037 (9/99)



Jeb Bush
Governor

Department of Environmental Protection

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

David B. Struhs
Secretary

June 1, 2000

Mr. David Mann, Director
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, FL 32314

Dear Mr. Mann:

This letter is to certify to you that Wekiva Wilderness Trust, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S.

Sincerely,

Fran P. Mainella, CLP
Director
Division of Recreation and Parks

FPM/paw

Attachments