

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732272

1. Entity Name

ALACHUA AUDUBON SOCIETY, INC.

Principal Place of Business

Mailing Address

C/O JOHN WINN  
12318 NE CR 1471  
WALDO FL 32694  
US

C/O JOHN WINN  
12318 NE CR 1471  
WALDO FL 32694-4342  
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

59-2872889

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

WINN, JOHN  
12318 NE CR 1471  
WALDO FL 32694

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 P ☐ Delete  
NAME ROWAN, REX  
STREET ADDRESS 2041 NE 15TH TERR  
CITY-ST-ZIP GAINESVILLE FL 32609

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

TITLE S ☐ Delete  
NAME WAHL, DAVID  
STREET ADDRESS 313 SW 54TH DR  
CITY-ST-ZIP GAINESVILLE FL 32607

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

TITLE D ☐ Delete  
NAME FROMBERG, IKE  
STREET ADDRESS 211 SE 70TH ST  
CITY-ST-ZIP GAINESVILLE FL

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

TITLE D ☐ Delete  
NAME PERRY, EVELYN  
STREET ADDRESS 9419 SW 67TH DRIVE  
CITY-ST-ZIP GAINESVILLE FL

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

TITLE D ☐ Delete  
NAME MANETZ, MIKE  
STREET ADDRESS 549 NW 31ST AVENUE  
CITY-ST-ZIP GAINESVILLE FL

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

TITLE T ☒ Delete  
NAME ADAMS, HOWARD  
STREET ADDRESS 4801 SE 17TH STREET  
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ Change ☒ Addition  
NAME WINN, JOHN  
STREET ADDRESS 12318 NE CR 1471  
CITY-ST-ZIP WALDO, FL 32694

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

3 JAN 2000

352-468-1669

Date

Daytime Phone #

FILED  
Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90012 020 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE