

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90045 050 ****61.25

DOCUMENT # N99000001477

1. Entity Name

APALACHICOLA BAY AND RIVER KEEPER, INC.

Principal Place of Business

Mailing Address

**1464 BAYBERRY LN.
ST. GEORGE ISLAND FL 32328****1464 BAYBERRY LN.
ST. GEORGE ISLAND FL 32328-2338**

2. Principal Place of Business

3. Mailing Address

29 Island Dr.**P.O. Box 484**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 6

City & State

City & State

Eastpoint FL**Eastpoint FL**

Zip

Country

Zip

Country

32328**32328**

4. FEI Number

Applied For

59-3550426

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

**HARTLEY, WILLIAM B
1464 BAYBERRY LN.
ST. GEORGE ISLAND FL 32328**

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 **D** ☐ Delete
NAME **SMITH, ANDY ESQ**
STREET ADDRESS **RT. 1, BOX 637**
CITY-ST-ZIP **TALLAHASSEE FL 32312**TITLE **D** ☐ Change ☒ Addition
NAME **Bobby Varnes**
STREET ADDRESS **P.O. Box 815**
CITY-ST-ZIP **Apalachicola FL 32329**TITLE **D (President)** ☐ Delete
NAME **HARTLEY, WILLIAM B**
STREET ADDRESS **1464 BAYBERRY LN.**
CITY-ST-ZIP **ST. GEORGE ISLAND FL 32328**TITLE **D** ☐ Change ☒ Addition
NAME **Lloyd Summer**
STREET ADDRESS **632 E. Pine St.**
CITY-ST-ZIP **St. George Is., FL 32328**TITLE **D** ☒ Delete
NAME **ANDERSON, SUSAN**
STREET ADDRESS **RT. 1, BOX 81-A**
CITY-ST-ZIP **LAMONT FL 32663**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D (Treasurer)** ☐ Delete
NAME **ADAMS, TOM**
STREET ADDRESS **1440 ELM CT.**
CITY-ST-ZIP **ST. GEORGE ISLAND FL 32328**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **MCMILLAN, JEAN B**
STREET ADDRESS **320 PATTON ST.**
CITY-ST-ZIP **ST. GEORGE ISLAND FL 32328**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **VENABLE, FRANK**
STREET ADDRESS **P.O. BOX 997 N/A**
CITY-ST-ZIP **EASTPOINT FL 32328**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: **W. B. Hartley**

1/17/00

(850) 927-3154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #