

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21028

1. Entity Name

DADE BATTLEFIELD SOCIETY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 MAY 23 AM 6:59



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

DADE BATTLEFIELD ST. HIST. SITE
7200 CR 603
BUSHNELL FL 33513

BATTLEFIELD DR
P.O. BOX 309
BUSHNELL FL 33513-0309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2820082

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KREIS, NELLIE S
6789 SOUTH INDIAN RIVER DR.
FT. PIERCE FL 34982

Name KREIS, NELLIE S
Street Address (P.O. Box Number is Not Acceptable)
7200 CR 603
City BUSHNELL FL Zip Code 33513

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	TD	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS-WEBSTER, BARBARA	
STREET ADDRESS	7200 CR 603	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KEPNER, BRIAN	
STREET ADDRESS	3426 NW 22 TERR	
CITY-ST-ZIP	GAINESVILLE FL 32605-2345	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAUMER, FRANK	
STREET ADDRESS	35247 REYNOLDS	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, JERRY	
STREET ADDRESS	7710 CORAL VINE LANE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIRON, RAYMOND	
STREET ADDRESS	P.O. BOX 316 N/A	
CITY-ST-ZIP	MCINTOSH FL 32664	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KREIS, ALISON	
STREET ADDRESS	P.O. BOX 1883 N/A	
CITY-ST-ZIP	BUSHNELL FL 33513	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, SHARON	
STREET ADDRESS	PO BOX 1	
CITY-ST-ZIP	OXFORD, FL 34484	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANCTT, JOHN	
STREET ADDRESS	442 MALLARD CIRCLE	
CITY-ST-ZIP	WINTER PARK, FL 32789-6155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREIS, NELLIE	
STREET ADDRESS	6789 SOUTH INDIAN RIVER DR	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEPNER, BRIAN	
STREET ADDRESS	3426 NW 22 TERR	
CITY-ST-ZIP	GAINESVILLE, FL 32605-2345	
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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

1/27/00 352-787-0608



Jeb Bush
Governor

#121028

Department of Environmental Protection

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

David B. Struhs
Secretary

May 11, 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 Dade Battlefield Society, 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