

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90057 037 \*\*\*\*61.25

DOCUMENT # N99000001477

1. Entity Name

APALACHICOLA BAY AND RIVER KEEPER, INC.

Principal Place of Business

Mailing Address

29 ISLAND DR  
STE 6  
EASTPOINT FL 32328

PO BOX 484  
EASTPOINT FL 32328

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

59-3550426

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

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SMITH, ANDY ESQ<br>RT. 1, BOX 637<br>TALLAHASSEE FL 32312                | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D, P<br>HARTLEY, WILLIAM B<br>1464 BAYBERRY LN.<br>ST. GEORGE ISLAND FL 32328 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>VARNES, BOBBY<br>PO BOX 815<br>APALACHICOLA FL 32329                     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ADAMS, TOM<br>1440 ELM CT.<br>ST. GEORGE ISLAND FL 32328                 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SUMMER, LLOYD<br>632 E PINE ST<br>ST. GEORGE ISLAND FL 32328             | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>VENABLE, FRANK<br>P.O. BOX 997 N/A<br>EASTPOINT FL 32328                 | <input checked="" type="checkbox"/> Delete |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D, V<br>HALL, BRUCE<br>238 ATLANTIC AVE<br>APALACHICOLA FL 32320              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D, S<br>HARTLEY, SHIRLEY W.<br>1464 BAYBERRY LN<br>ST. GEORGE IS, FL 32328    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MATSON, JAMES<br>15 GARDNER LN<br>DELLWOOD MN 55110                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MIDDLEMAS, JOHN ROBERT<br>718 BUNKERS COVE RD<br>PANAMA CITY FL 32401    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D, T<br>MORAN, CHRISTOPHER H. CPA<br>1918 VINELAND LN<br>TALLAHASSEE FL 32311 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>TAYLOR, C. CHADWICK<br>4226 BUCKLAND TRAIL<br>GREENWOOD FL 32443         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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:

WILLIAM B. HARTLEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

(850) 927-3154

Date

Daytime Phone #

CR2E037 (10/00)