2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21028

1. Entity Name

DADE BATTLEFIELD SOCIETY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 23 PM 4:01

OPERATIONAL SERVICES

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 33513-7309

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 59-2820082 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KREIS, NELLIE S
7200 CR 603
BUSHNELL FL 33513

7. Name and Address of New Registered Agent

Name JOHN DELANCETT
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 John D Delancett DATE 7/7/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MILLS, SHARON P.O. BOX C OXFORD FL 34484 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SHARE~~ Jim Hefter same address ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV DELANCTT, JOHN 442 MALLARD CIRCLE WINTER PARK FL 32789-6155 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAME ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAUMER, FRANK 35247 REYNOLDS DADE CITY FL 33525 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KREIS, NELLIE 6789 SOUTH INDIAN RIVER DR FT PIERCE FL 34982 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SAME ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEPNER, BRIAN 3426 NW 22 TERR GAINESVILLE FL 32605-2345 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV JEAN McNARY 36905 CHURCH AVE DADE CITY, FL 33525 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KREIS, ALISON P.O. BOX 1883 N/A BUSHNELL FL 33513 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RYAN, ALISON PO BOX 526 OXFORD, FL 34484 ☑ Change ☐ Addition

CR2E037 (9/01)

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: Sharon L. Mills SHARON MILLS TREASURER 2/19/02 352-330-0068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/23/02 GD