

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90026 021 ****61.25

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DOCUMENT # 747044

1. Entity Name

FOUR RIVERS AUDUBON SOCIETY, INCORPORATED

Principal Place of Business

1010 ALAMO
 PO BOX 596
 LAKE CITY FL 32055

Mailing Address

1010 ALAMO
 PO BOX 596
 LAKE CITY FL 32055

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

59-9936509

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

HANCOCK, JUDY
1010 ALAMO STREET
LAKE CITY FL 32055

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

Judy Hancock

3/5/2001

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **THOMPSON, CINDY**
 CITY-ST-ZIP **PO BOX 1096 (N/A)***
MACCLENNY FL 32063

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **DOONAN, TERRY**
 CITY-ST-ZIP **RT. 12, BOX 532**
LAKE CITY FL

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **SEDMERA, FRANK**
 CITY-ST-ZIP **RT 10, BOX 208**
LAKE CITY FL

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **NISWANDER, PHILIP**
 CITY-ST-ZIP **RT. 1, BOX 181H**
LAKE CITY FL

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **LINDSKOLD, SVENN**
 CITY-ST-ZIP **6400 NW 55 ST**
BELL FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

Philip Niswander
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/01 *904-755-5789*
 Date Daytime Phone #

CR2E037 (10/00)