

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90087 045 \*\*\*\*61.25

**DOCUMENT # 752248**

1. Entity Name

**APALACHEE AUDUBON SOCIETY, INCORPORATED**

Principal Place of Business

Mailing Address

PO BOX 1237  
TALLAHASSEE FL 32302

PO BOX 1237  
TALLAHASSEE FL 32302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7181962

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLDMAN, HARVEY**  
**1115 SANDHURST DRIVE**  
**TALLAHASSEE FL 32312**

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

*Harvey Goldman* (HARVEY GOLDMAN, TREASURER) Jan 13, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
 NAME SHELTON, JIM  
 STREET ADDRESS 1914 TY TY COURT  
 CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE PD  Change  Addition  
 NAME JIM CREWS  
 STREET ADDRESS P.O. BOX 3894  
 CITY-ST-ZIP TALLAHASSEE FL 32315-3894

TITLE VD  Delete  
 NAME CREWS, JIM  
 STREET ADDRESS P.O. BOX 3894  
 CITY-ST-ZIP TALLAHASSEE FL 32315-3874

TITLE  Change  Addition  
 NAME BOB CROSS  
 STREET ADDRESS 1523 LIVE OAK DRIVE  
 CITY-ST-ZIP TALLAHASSEE FL 32301  
 VD

TITLE TD  Delete  
 NAME GOLDMAN, HARVEY  
 STREET ADDRESS 1115 SANDHURST DRIVE  
 CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  Delete  
 NAME SHELTON, ELLEN  
 STREET ADDRESS 1914 TY TY COURT  
 CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME HANG, VAN T  
 STREET ADDRESS 2731 BLAIR STONE ROAD, APT 17  
 CITY-ST-ZIP TALLAHASSEE FL 32301-5908

TITLE  Change  Addition  
 NAME HANS VAN TOL  
 STREET ADDRESS 2731 BLAIRSTONE ROAD, APT 17  
 CITY-ST-ZIP TALLAHASSEE FL 32301-5908

TITLE D  Delete  
 NAME BLAKESLEE, MARY  
 STREET ADDRESS 803 EAST CALL STREET  
 CITY-ST-ZIP TALLAHASSEE FL 32301-2622

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: *Harvey Goldman* (HARVEY GOLDMAN) TREASURER 1/13/01 850-644-4539  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)