

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90268 015 ****61.25

DOCUMENT # 763876

1. Entity Name

SUWANNEE RIVER SHRINE CLUB ASSOCIATION, INC.



Principal Place of Business
**OFF SR 26, FANNING SPRINGS
P O BOX 216
OLD TOWN FL 32680**

Mailing Address
**OFF SR 26, FANNING SPRINGS
P O BOX 216
OLD TOWN FL 32680**

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 **59-6153121**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANDRUM, LLOYD L S
HC 4 BOX 332
OLD TOWN FL 32680**

Name
WHIPPLE, LEONARD B.
Street Address (P.O. Box Number is Not Acceptable)
**4331 NW 156 ST
TRENTON, FL 32693**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Leonard B. Whipple

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARVEY, HERMAN P P HC 2 BOX 669 OLD TOWN FL 32680	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HEATH, BOBBY PO BOX 464 OLD TOWN FL 32680	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SESSIONS, LAVAUGHN A PO BOX 876 TRENTON FL 32693	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANDRUM, LLOYD L HC 4 BOX 332 OLD TOWN FL 32680	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROBINSON, DONALD HC 2 BOX 717 OLD TOWN FL 32680	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHELLIE C. DOWNS, JR P.O. BOX 331 GULF HAMMOCK, FL 32639	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP EARNEST L, LYLE 10050 NW 103 LN CHIEFLAND, FL 32626	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RILEY J. ELLIS HC2 BOX 485 OLD TOWN, FL 32680	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEONARD B. WHIPPLE 4331 NW 156 ST TRENTON, FL 32693	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOBBY HEATH P.O. BOX 464 OLD TOWN, FL 32680	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:

Leonard B. Whipple **LEONARD B. WHIPPLE (352) 463-2232**

CR2E037 (10/02)