

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764470

1. Entity Name

FLORIDA CHAPTER OF THE WILDLIFE SOCIETY, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90215 010 ****61.25

0015154

Principal Place of Business

Mailing Address

REVELL BLDG SR 20
BRISTOL FL 32321
US

PO BOX 579
BRISTOL FL 32321
US

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

23-7035894

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

FITZGERALD, SUSAN
REVELL BLD SR 20
BRISTOL FL 32321

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 PD ☐ Delete
NAME FITZGERALD, SUSAN
STREET ADDRESS PO BOX 579
CITY-ST-ZIP BRISTOL FL 32321

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

TITLE STD ☐ Delete
NAME ROCKWOOD, STEVE
STREET ADDRESS 8200 T.M GOODWIN RD
CITY-ST-ZIP FELLSMORE FL 32948

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

TITLE VD ☐ Delete
NAME SEKERAK, CAROLYN
STREET ADDRESS 40929 SR 19
CITY-ST-ZIP UMATILLA FL 32784

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

TITLE D ☐ Delete
NAME GRAY, PAUL
STREET ADDRESS 100 RIVERWOODS CIR
CITY-ST-ZIP LORIDA FL 33857

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

TITLE D ☐ Delete
NAME DUTTON, HARRY
STREET ADDRESS 620 S MERIDIAN ST
CITY-ST-ZIP TALLAHASSEE FL 32399

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

TITLE D ☐ Delete
NAME VANDERHOOF, ROBERT
STREET ADDRESS 620 S MERIDIAN ST
CITY-ST-ZIP TALLAHASSEE FL 32399

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

1-16-01 321726-2862