

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90006 008 ****70.00

DOCUMENT # N00000002619

1. Entity Name

SAVE THE HOMOSASSA RIVER ALLIANCE, INC.

Principal Place of Business

4330 S. CONWELL PT.
HOMOSASSA FL 34448-3918

Mailing Address

P. O. BOX 124
HOMOSASSA FL 34487-0124

2. Principal Place of Business

4114 So Washington PT

3. Mailing Address

Suite, Apt. #, etc.

City & State

Homosassa, FL

City & State

Zip

34448

Country

USA

Zip

Country

4. FEI Number

59-2611251

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BITTER, JIM
4330 S. CONWELL PT.
HOMOSASSA FL 34448-3918

7. Name and Address of New Registered Agent

Name

Ronald J. Miller

Street Address (P.O. Box Number is Not Acceptable)

4114 So Washington PT

City

Homosassa,

FL

Zip Code

34448

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 Ronald J. Miller, Ronald J. Miller, President & Chairman, March 11, 02

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	C	<input checked="" type="checkbox"/> Delete
NAME	BITTER, JIM	
STREET ADDRESS	4330 S. CONWELL DR	
CITY-ST-ZIP	HOMOSASSA FL 34448-3918	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	MILLER, RON	
STREET ADDRESS	4114 S. WASHINGTON PT.	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HILLEN, DAN	
STREET ADDRESS	11382 S. GRYBEK DR.	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ABERNETHY, ARCH	
STREET ADDRESS	P. O. BOX 184	
CITY-ST-ZIP	HOMOSASSA FL 34487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, WALTER	
STREET ADDRESS	P. O. BOX 280	
CITY-ST-ZIP	HOMOSASSA FL 34487	
TITLE	SDE	<input checked="" type="checkbox"/> Delete
NAME	HINDMAN, CLYDE	
STREET ADDRESS	4760 S. MYRTLE WAY	
CITY-ST-ZIP	HOMOSASSA FL 34448	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald J. Miller	
STREET ADDRESS	4114 S. Washington PT	
CITY-ST-ZIP	Homosassa, FL. 34448	
TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Bitter	
STREET ADDRESS	4330 S. Conwell Dr	
CITY-ST-ZIP	Homosassa, FL. 34448	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Branda Brown	
STREET ADDRESS	6171 S. Royal Dr.	
CITY-ST-ZIP	Homosassa, FL. 34448	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Thompson	
STREET ADDRESS	11610 Clayton Dr	
CITY-ST-ZIP	Homosassa, FL. 34448	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hillan, Dan	
STREET ADDRESS	11382 S. Grybek Dr	
CITY-ST-ZIP	Homosassa, FL. 34448	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hindman, Clyde	
STREET ADDRESS	4760 S. Myrtle Way	
CITY-ST-ZIP	Homosassa, FL. 34448	

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: Ronald J. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 11, 2002

Date

Daytime Phone #

(352) 628-6066

CR2E037 (9/01)