

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90021 013 \*\*\*\*61.25

**DOCUMENT # N00000007490**

1. Entity Name

**APALACHEE ECOLOGICAL CONSERVANCY, INC.**

Principal Place of Business

**1592 ALLIGATOR DR  
 ALLIGATOR POINT FL 32346**

Mailing Address

**1592 ALLIGATOR DR  
 ALLIGATOR POINT FL 32346**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**PO Box 762**

**PANACEA FL**

**32346**

**USA**

4. FEI Number

**59-3681195**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**DUVERGER, ROY R  
 1592 ALLIGATOR DR  
 ALLIGATOR POINT FL 32346**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

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	D	<input type="checkbox"/> Delete
NAME	DUVERGER, ROY R	
STREET ADDRESS	1592 ALLIGATOR DR	
CITY-ST-ZIP	ALLIGATOR POINT FL 32346	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARNETT, VICKI	
STREET ADDRESS	1292 BAYVIEW DR	
CITY-ST-ZIP	ALLIGATOR POINT FL 32346	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYES, MARYBETH	
STREET ADDRESS	1592 ALLIGATOR DR	
CITY-ST-ZIP	ALLIGATOR POINT FL 32346	
TITLE	D	<input type="checkbox"/> Delete
NAME	DR RICHARD IVERSON	<input checked="" type="checkbox"/> ADDITION
STREET ADDRESS	515 OCEANOGRAPHY BLDG, FSU	
CITY-ST-ZIP	PO BOX 4300 TALLAHASSEE FL 32306	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD KESSLER	<input checked="" type="checkbox"/> ADDITION
STREET ADDRESS	1945 SURF ROAD	
CITY-ST-ZIP	PANACEA FL 32346	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN LEWIS	<input checked="" type="checkbox"/> ADDITION
STREET ADDRESS	PO BOX 323	
CITY-ST-ZIP	PANACEA FL 32346	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNA DECKER	
STREET ADDRESS	PO BOX 231	
CITY-ST-ZIP	PANACEA FL 32346	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LODY FRANK	
STREET ADDRESS	PO BOX 1738	
CITY-ST-ZIP	TALLAHASSEE FL 30564	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED DUVERGER**

**7-2-2002 8503492007**

CR2E037 (4/02)