

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

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90071 004 ****61.25

DOCUMENT # N00000007490

1. Entity Name

APALACHEE ECOLOGICAL CONSERVANCY, INC.



Principal Place of Business

**1592 ALLIGATOR DR
ALLIGATOR POINT FL 32346**

Mailing Address

**PO BOX 762
PANACEA FL 32346**

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 **59-3681195**

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

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

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

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	D	<input type="checkbox"/> Delete
NAME	DUVERGER, ROY R	
STREET ADDRESS	1592 ALLIGATOR DR	
CITY-ST-ZIP	ALLIGATOR POINT FL 32346	
TITLE	D	<input type="checkbox"/> Delete
NAME	DECKER, DONNA	
STREET ADDRESS	PO BOX 231	
CITY-ST-ZIP	PANACEA FL 32346	
TITLE	D	<input checked="" 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	IVERSON, RICHARD	
STREET ADDRESS	515 OCEANOGRAPHY BLDG, FSU PO BOX 4320	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KESSLER, HOWARD	
STREET ADDRESS	1945 SURF ROAD	
CITY-ST-ZIP	PANACEA FL 32346	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, VAN	
STREET ADDRESS	PO BOX 323	
CITY-ST-ZIP	PANACEA FL 32346	

TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBEN MC CALLESTER	
STREET ADDRESS	2013 E RANDOLPH CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT SEIDLER	
STREET ADDRESS	191 PINE LANE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. STEUG BROWN	
STREET ADDRESS	94 DRIFTWOOD DRIVE	
CITY-ST-ZIP	PANACEA FL 32346	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOY FRANK	
STREET ADDRESS	PO BOX 1738	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
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

CR2E037 (10/02)