

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

DOCUMENT # N01000008962

1. Entity Name

SUWANNEE VALLEY DET.1086 INC.
NON PROFIT CORP. 1000008962

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

732 SUWANNEE AVE. SW
Suite, Apt. #, etc.

3. Mailing Address

732 SUWANNEE AVE. SW
Suite, Apt. #, etc.

City & State

LIVE OAK, FL

City & State

LIVE OAK, FL

Zip

32064-3135

Country

SUWANNEE

Zip

32064-3135

Country

SUWANNEE

DO NOT WRITE IN THIS SPACE

05-24-02 01017 001 \$700.00

4. FEI Number

59-3726165

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HOWARD E. SKOW

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

732 SUWANNEE AVE. S.W.

City

LIVE Oak

FL

Zip Code

32064-3135

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 HOWARD E. SKOW

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

(NOTE: Registered Agent signature required when reinstating)

20 MAY 2002

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

TOTAL 70.00 INCLUDES COPY

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COMMANDANT
JOHN L. MEYERS
5137 256 th STREET
GRIEN, FL 32024-0747

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SR/V. COMMANDANT
JOHN PARKER
RR 20 BOX 624
LAKE CITY, FL 32055-9085

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JR/V. COMMANDANT
ROBERT EDGER
RR 14 BOX 747
LAKE CITY, FL. 32024-0747

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ADJ/PAYMASTER
HOWARD E. SKOW
732 SUWANNEE AVE.S.W.
LIVE OAK, FL 32064-3135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
THIS organization
is a New MCL unit

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
All officers
are also Trustees

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

Howard E. Skow