

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

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90152 012 ****61.25

0066871

DOCUMENT # N02000001243

1. Entity Name

WOODVILLE KARST PLAIN PROJECT, INC.



Principal Place of Business

**PO BOX 3031
TALLAHASSEE FL 32315**

Mailing Address

**PO BOX 3031
TALLAHASSEE FL 32315**

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 3729292

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

**WERNER, CHRISTOPHER
2309 EASTGATE WAY
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name

WERNER, CHRISTOPHER

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

12053 CEDAR BLUFF

City

TALLAHASSEE

FL

Zip Code

32312

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

CHRISTOPHER WERNER

CHRISTOPHER WERNER

08/01/2003

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/P/D
STREET ADDRESS	GEORGE IRVINE
CITY-ST-ZIP	318 INDIAN TRAIL RD PMB 513 WESTON, FL 33326
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M/V/T/D
STREET ADDRESS	CHRISTOPHER WERNER
CITY-ST-ZIP	12053 CEDAR BLUFF TALLAHASSEE, FL 32312
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S/D
STREET ADDRESS	SCOTT HUNSUCKER
CITY-ST-ZIP	804 ROMAR DR. PENSACOLA, FL 32534
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	CASEY MCKINLEY
CITY-ST-ZIP	14709 SEMINOLE TRL. SEMINOLE, FL 33776
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	JAHOD JABLONSKI
CITY-ST-ZIP	7607 NW 29TH PLACE GAINESVILLE, FL 32606
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:

CHRISTOPHER WERNER

8/01/03

850-591-2805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)