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

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90267 036 ****61.25

DOCUMENT # N02000006225

1. Entity Name
SEMINOLE AUDUBON SOCIETY, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PO BOX 2977	PO BOX 2977
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SANFORD	SANFORD
City & State: FL	City & State: FL
Zip: 32771 Country:	Zip: 32772 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2373269 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name ROBERT F. CLEMENTS
Street Address (P.O. Box Number is Not Acceptable)
4847 SHORELINE CIR
City SANFORD **FL** Zip Code 32771

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 Robert F. Clements, ROBERT F. CLEMENTS, TREASURER, April 25, 04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEPARATE STATEMENT Attached	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E037B (12/02)

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.

SIGNATURE: Robert F. Clements, ROBER[illegible]MENTS, TREAS April 25, 04 407-330-0477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #