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

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90194 006 ****61.25

DOCUMENT # N02000006225

1. Entity Name
SEMINOLE AUDUBON SOCIETY, INC.

Principal Place of Business	Mailing Address
PO BO 2977 SANFORD FL 32772-2977	PO BO 2977 SANFORD FL 32772-2977

11015295

☐ CHECK HERE IF MAKING CHANGES

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 52-2373269 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GLAVIN, GRACE ANNE ESQ . 1340 TUSKAWILLA ROAD SUITE 106 WINTER SPRINGS FL 32708	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED SHEET. ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert F. Clements (SIGNATURE REQUIRED) Robert F. Clements Treasurer April 22, 2003 407-330-0477

ATTACHMENT

SEMINOLE AUDUBON OFFICERS & DIRECTORS

FEI Number =52-2373269

1101529S
N02000006225

P/D
Faith Jones
763 Mallard Dr.
Sanford, Fl 32771-9211

V/D
Shirley Folse
445 Live Oak Ave.
Chuluota, Fl 32766-9356

T/D
Robert Clements
4847 Shoreline Cir.
Sanford, Fl. 32771-7147

S/D
Ann Nunez
297 Lakeshore Dr.
Lake Mary, Fl 32746-2713

D
Sam Kendall
510 Hermits Trail
Altamonte Springs,Fl 32701-3628

D
Darrell Leidigh
336 W. Lakeview Ave
Lake Mary, Fl 32746-3118

D
Myra Platel
209 Satsuma
Sanford, Fl 32771-3650

D
Boni Sivi
31640 Wekiva River Rd
Sorrento FL 32776-9233

D
Juanita Villalobos-Bell
5085 Blacknell Lane
Sanford, Fl 32771-8349