

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 10, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N06968****1. Entity Name**  
MICANOPY AREA RECREATION CO-OPERATIVE, INC.**Principal Place of Business**  
P.O. BOX 203  
MICANOPY FL 32667 US**Mailing Address**  
P.O. BOX 203  
MICANOPY FL 32667 US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country

Zip Country

**4. FEI Number**  
**59-2932010**Applied For  
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**HILL CAROL  
RT 2 BOX 987  
MICANOPY FL 32667 USName  
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.****SIGNATURE CAROL R HILL****09/10/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**  
**Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	HILL CAROL	RT 2 BOX 987	MICANOPY FL 32667	<input type="checkbox"/>
SD	BLAIR ESTHER	RT 2 BOX 117	MICANOPY FL 32667	<input type="checkbox"/>
VPD	ALFORD JOY	PO BOX 267	MICANOPY FL 32667	<input type="checkbox"/>
PD	SHEFFIELD MICHELLE	PO BOX 560	MCINTOSH FL 32664	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Carol R Hill**

T

09/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)