

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06968

1. Entity Name

MICANOPY AREA RECREATION CO-OPERATIVE, INC.

FILED

May 06, 2002 8:00 am
Secretary of State

05-06-2002 90048 028 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 203
MICANOPY FL 32667
US

P.O. BOX 203
MICANOPY FL 32667
US

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

59-2932010

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

HILL, CAROL
RT 2 BOX 987
MICANOPY FL 32667

Name

Carol Hill

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

253 NW 3rd Ave

City

Micanopy

FL

Zip Code

32667

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☒ Delete
NAME ALFORD, JOY
STREET ADDRESS PO BOX 267
CITY-ST-ZIP MICANOPY FL 32667

TITLE President ☐ Change ☒ Addition
NAME Richard Hill
STREET ADDRESS 253 NW 3rd Ave
CITY-ST-ZIP Micanopy FL 32667

TITLE SD ☒ Delete
NAME BLAIR, ESTHER
STREET ADDRESS RT 2 BOX 117
CITY-ST-ZIP MICANOPY FL 32667

TITLE V. President ☒ Change ☒ Addition
NAME Al Dorsey
STREET ADDRESS 12014 SW 1st St.
CITY-ST-ZIP Micanopy FL 32667

TITLE T ☐ Delete
NAME HILL, CAROL
STREET ADDRESS RT 2 BOX 987
CITY-ST-ZIP MICANOPY FL 32667

TITLE Secretary ☐ Change ☒ Addition
NAME Amber House
STREET ADDRESS 6325 NW 9th Ln
CITY-ST-ZIP Gainesville, FL 32609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer ☐ Change ☐ Addition
NAME Carol Hill
STREET ADDRESS 253 NW 3rd Ave
CITY-ST-ZIP Micanopy FL 32667

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE *Carol Hill*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02

3524664098
Date Daytime Phone #

CR2E037 (9/01)