

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

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90081 015 \*\*\*61.25

**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 & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2932010**

Applic 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**  
**253 NW 3RD AVE.**  
**MICANOPY FL 32667**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **HILL, RICHARD**  
STREET ADDRESS **253 NW 3RD AVE.**  
CITY-ST-ZIP **MICANOPY FL 32667**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Bobby Jones**  
STREET ADDRESS **5150 160 St.**  
CITY-ST-ZIP **Reddick, FL 32686**

TITLE **VPD** ☒ Delete  
NAME **DORSEY, AL**  
STREET ADDRESS **12014 SW 1ST STREET**  
CITY-ST-ZIP **MICANOPY FL 32667**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **Doyle, Hewitt**  
STREET ADDRESS **22160 14th St**  
CITY-ST-ZIP **Micanopy FL 32667**

TITLE **TO** ☐ Delete  
NAME **HILL, CAROL**  
STREET ADDRESS **253 NW 3RD AVE.**  
CITY-ST-ZIP **MICANOPY FL 32667**

TITLE **TO** ☐ Change ☐ Addition  
NAME **HILL, CAROL**  
STREET ADDRESS **253 NW 3RD AVE.**  
CITY-ST-ZIP **MICANOPY FL 32667**

TITLE **S** ☐ Delete  
NAME **HOUSE, AMBER**  
STREET ADDRESS **6325 NW 9TH AVE.**  
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE **S** ☒ Change ☐ Addition  
NAME **Kim Manuncy**  
STREET ADDRESS **17201 SE 26th St.**  
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 OF REGISTERED AGENT**

**4-17-03 3524664098**

CR2E037 (10/02)