

# 2001' UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90061 008 \*\*\*\*61.25

**DOCUMENT # N20223**

1. Entity Name

**WAKULLA COUNTY RECREATION ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O BEN WITHERS  
P.O. BOX 908  
PANACEA FL 32346  
US

C/O BEN WITHERS  
P.O. BOX 908  
PANACEA FL 32346  
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

**59-3000431**

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

**WITHERS, BEN**  
**886 COASTAL HWY.**  
**US 98**  
**PANACEA FL 34324**

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.

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 \_\_\_\_\_ ☐ Delete  
NAME **DP VAUSE, PHILIP**  
STREET ADDRESS **RT. 4 BOX 6782**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

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

TITLE \_\_\_\_\_ ☐ Delete  
NAME **DTDS WITHERS, BEN**  
STREET ADDRESS **P.O. BOX 908**  
CITY-ST-ZIP **PANACEA FL 34324**

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

TITLE \_\_\_\_\_ ☐ Delete  
NAME **DVP HEROLD, CARL**  
STREET ADDRESS **45 FAIRWAY LANE**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

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

TITLE \_\_\_\_\_ ☐ Delete  
NAME \_\_\_\_\_  
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CITY-ST-ZIP \_\_\_\_\_

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BEN WITHERS** **Treasurer** **2/19/01** **850-984-049**

Date

Daytime Phone #

CR2E037 (10/00)