

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21028

1. Entity Name
DADE BATTLEFIELD SOCIETY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 MAY 23 AM 6:59

Principal Place of Business Mailing Address
DADE BATTLEFIELD ST. HIST. SITE BATTLEFIELD DR
7200 CR 603 P.O. BOX 309
BUSHNELL FL 33513 BUSHNELL FL 33513-0309



DO NOT WRITE IN THIS SPACE

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 59-2820082 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KREIS, NELLIE S
6789 SOUTH INDIAN RIVER DR.
FT. PIERCE FL 34982

7. Name and Address of New Registered Agent
Name KREIS, NELLIE S
Street Address (P.O. Box Number is Not Acceptable) 7200 CR 603
City BUSHNELL FL Zip Code 33513

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	TD	☒ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	ROBERTS-WEBSTER, BARBARA		NAME	MILLS, SHARON	
STREET ADDRESS	7200 CR 603		STREET ADDRESS	PO BOX 1	
CITY-ST-ZIP	BUSHNELL FL 33513		CITY-ST-ZIP	OXFORD, FL 34484	
TITLE	VD	☒ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	KEPNER, BRIAN		NAME	DELANCTT, JOHN	
STREET ADDRESS	3426 NW 22 TERR		STREET ADDRESS	442 MALLARD CIRCLE	
CITY-ST-ZIP	GAINESVILLE FL 32605-2345		CITY-ST-ZIP	WINTER PARK, FL 32789-6155	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LAUMER, FRANK		NAME		
STREET ADDRESS	35247 REYNOLDS		STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL 33525		CITY-ST-ZIP		
TITLE	PD	☒ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	MORRIS, JERRY		NAME	KREIS, NELLIE	
STREET ADDRESS	7710 CORAL VINE LANE		STREET ADDRESS	6789 SOUTH INDIAN RIVER DR	
CITY-ST-ZIP	TAMPA FL 33619		CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	D	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	GIRON, RAYMOND		NAME	KEPNER, BRIAN	
STREET ADDRESS	P.O. BOX 316 N/A		STREET ADDRESS	3426 NW 22 TERR	
CITY-ST-ZIP	MCINTOSH FL 32664		CITY-ST-ZIP	GAINESVILLE, FL 32605-2345	
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KREIS, ALISON		NAME		
STREET ADDRESS	P.O. BOX 1883 N/A		STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL FL 33513		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: Sharon Mills QUIRLED 1/27/00 352-787-0608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Jeb Bush
Governor

#121028

Department of Environmental Protection

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

David B. Struhs
Secretary

May 11, 2000

Mr. David Mann, Director
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, FL 32314

Dear Mr. Mann:

This letter is to certify to you that Dade Battlefield Society, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S.

Sincerely,

Fran P. Mainella, CLP
Director
Division of Recreation and Parks

FPM/paw

Attachments