

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21028

1. Entity Name

DADE BATTLEFIELD SOCIETY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 23 PM 4:01

OPERATIONAL SERVICES



DO NOT WRITE IN THIS SPACE

Principal Place of Business
DADE BATTLEFIELD ST. HIST. SITE
7200 CR 603
BUSHNELL FL 33513

Mailing Address
BATTLEFIELD DR
P.O. BOX 309
BUSHNELL FL 33513-7309

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
7200 CR 603
BUSHNELL FL 33513

7. Name and Address of New Registered Agent

Name JOHN DELANCETT
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

TITLE
NAME TD
STREET ADDRESS MILLS, SHARON
CITY-ST-ZIP P.O. BOX C
OXFORD FL 34484 ☐ Delete

TITLE
NAME DV
STREET ADDRESS DELANCETT, JOHN
CITY-ST-ZIP 442 MALLARD CIRCLE
WINTER PARK FL 32789-6155 ☐ Delete

TITLE
NAME D
STREET ADDRESS LAUMER, FRANK
CITY-ST-ZIP 35247 REYNOLDS
DADE CITY FL 33525 ☐ Delete

TITLE
NAME PD
STREET ADDRESS KREIS, NELLIE
CITY-ST-ZIP 6789 SOUTH INDIAN RIVER DR
FT PIERCE FL 34982 ☐ Delete

TITLE
NAME D
STREET ADDRESS KEPNER, BRIAN
CITY-ST-ZIP 3426 NW 22 TERR
GAINESVILLE FL 32605-2345 ☐ Delete

TITLE
NAME SD
STREET ADDRESS KREIS, ALISON
CITY-ST-ZIP P.O. BOX 1883 N/A
BUSHNELL FL 33513 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME ~~SAME~~ Jim better
STREET ADDRESS same address ☒ Change ☐ Addition

TITLE
NAME PD
STREET ADDRESS SAME ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS SAME ☐ Change ☐ Addition

TITLE
NAME SD
STREET ADDRESS SAME ☒ Change ☐ Addition

TITLE
NAME DV
STREET ADDRESS JEAN McNALLY
CITY-ST-ZIP 36905 CHURCH AVE
DADE CITY, FL 33525 ☒ Change ☐ Addition

TITLE
NAME SD
STREET ADDRESS RYAN, ALISON
CITY-ST-ZIP PO BOX 526
OXFORD, FL 34484 ☒ Change ☐ Addition

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
SHARON MILLS, R. SHARON MILLS, TREASURER 2/19/02 352-330-0068

Date

Daytime Phone #

CR2E037 (9/01)

7/23/02
aw