

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

**DOCUMENT # N21028**

1. Entity Name  
**DADE BATTLEFIELD SOCIETY, INC.**



03 APR 25 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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  
Suite, Apt. #, etc.

3. Mailing Address  
**6898 CR 631**  
Suite, Apt. #, etc.

City & State  
**BUSHNELL FL**

Zip  
**33513**

Country  
**US**

4. FEI Number  
**58-2820082**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DELANCETT, JOHN  
7200 CR 603  
BUSHNELL, FL 33513**

7. Name and Address of New Registered Agent

Name **John G. Delancett SAME**

Street Address (P.O. Box Number is Not Acceptable)  
**500 E. Robinson Street**

Suite **500**

City **Orlando** FL Zip Code **32801**

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 **John Delancett**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when addressing)

DATE

**FEE 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>LETTON, JIM<br>P.O. BOX C<br>OXFORD, FL 34484                      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>DELANCETT, JOHN<br>442 MALLARD CIRCLE<br>WINTER PARK, FL 327896155 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LAUMER, FRANK<br>35247 REYNOLDS<br>DADE CITY, FL 33525              | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>KREIS, NELLIE<br>6789 SOUTH INDIAN RIVER DR<br>FT PIERCE, FL 34992 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>MCNALLY, JEAN<br>36805 CHURCH AVE<br>DADE CITY, FL 33526           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>RYAN, ALISON<br>P.O. BOX 526<br>OXFORD, FL 34484                   | <input checked="" type="checkbox"/> Delete |

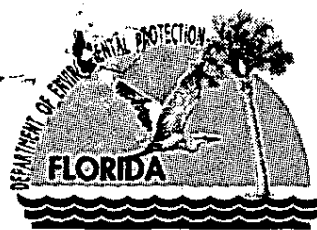
|                                                |                                                          |                                                                              |
|------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>VELTEN, JAMES<br>6898 CR 631<br>BUSHNELL, FL 33513 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 4713 LETTY ST<br>ORLANDO, FL 32817                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MCNARY, JEAN                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                          | <input type="checkbox"/> Change <input type="checkbox"/> 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: **James M. Veltan** **JAMES M. VELTEN** **03/12/03** **352.568.2183**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (10/02)



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

April 21, 2003

Mr. Sean Toner  
Division of Corporations  
Florida Department of State  
409 East Gaines Street  
Tallahassee, Florida 32399

Dear Mr. Toner,

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. Pursuant to F.S. 617.0122, this filing is exempt from any fees when certified by this department.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 245-3098.

Warmest regards,

Wendy Spencer, Director  
Florida Park Service

WS/pwb

Attachments