

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90456 048 \*\*\*\*61.25

**DOCUMENT # N21853**

1. Entity Name

**FLORIDA SPELEOLOGICAL RESEARCHERS, INC.**



Principal Place of Business

**503 US HWY 27  
BRANFORD FL 32008  
US**

Mailing Address

**POB 385  
BRANFORD FL 32008  
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 **59-2875970**

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

**CLES, D  
FT 2, BOX 5813  
FT. WHITE FL 32038**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1143 S.W. RIVERSIDE AVE.**

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

*Dustin M. Clesi* **Dustin M. Clesi**

**4-25-03**

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 **D** ☐ Delete  
NAME **CLES, DUSTIN M.**  
STREET ADDRESS **170 ICHETUCKNEE RD**  
CITY-ST-ZIP **FORT WHITE FL 32038**

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

TITLE **D** ☐ Delete  
NAME **BAILEY, LLOYD**  
STREET ADDRESS **3112 S.W. 101ST TERRACE**  
CITY-ST-ZIP **GAINESVILLE FL**

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

TITLE **D** ☐ Delete  
NAME **TERRENCE, TYSALL**  
STREET ADDRESS **P.O. BOX 140421 N/A**  
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **D** ☐ Delete  
NAME **ORSTREICH, BILL**  
STREET ADDRESS **8585 N. PINE NEEDLE TERRACE**  
CITY-ST-ZIP **CYRSTAL RIVER FL 34426**

TITLE ☒ Change ☐ Addition  
NAME **D. ORSTREICH, Bill**  
STREET ADDRESS **CRYSTAL RIVER, FL 34426**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GREEN, LARRY**  
STREET ADDRESS **P.O. BOX 330**  
CITY-ST-ZIP **HIGH SPRINGS FL 32655**

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

TITLE **O** ☒ Delete  
NAME **LONG, MARK**  
STREET ADDRESS **01363 SPRING LAKE RD**  
CITY-ST-ZIP **FRUITLAND PARK FL**

TITLE ☐ Change ☒ Addition  
NAME **D. GREGORY S. FIANAGAN**  
STREET ADDRESS **2701 S.E. MARCAMP Rd, STE. 104**  
CITY-ST-ZIP **OCALA, FL 34471**

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:

*Dustin M. Clesi* **Dustin M. Clesi**

**4-25-03 786-935-2283**

CR2E037 (10/02)