2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED Mar 03, 2000 8:00 am Secretary of State **DOCUMENT # N25505** 1. Entity Name THE FORREST ADVISORY COUNCIL INC. 03-03-2000 90212 044 ****70.00 Principal Place of Business Mailing Address C/O WM WHITEEN C/O WM WHITTEN 60031857 157 NE 172 AVE 157 NE 172 AVE SILVER SPRINGS FL 34488-5333 SILVER SPRINGS FL 34488 3. Mailing Address 2. Principal Place of Business C/O PATRICIA M HOLCOMB HOLCOMB PATRICIA M Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 176 N.E 1 NELL City & State 4. FEI Number Applied For City & State 59-2952857 SPRINGS SPRINGS Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired MARION USA Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HANNA, GENEVIEVE F 18801 SE 17 PLACE SILVER SPRINGS FL 34488 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing 🚓 🦠 Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **DP** X Change 🔀 Delete TITLE ☐ Addition TITLE PATRICIA M HOLCOMB WHITTEN, WILLIAM A NAME NAME STREET ADDRESS 157 NE 172 AVE 176 N.E 168th COURT SILVER SPRINGS F STREET ADDRESS CITY-ST-ZIP SILVER SPRINGS FL 34488 CITY-ST-7/8 Addition | DV MADDY ADKINS Delete TITLE TITLE GARDNER, RICHARD L NAME NAME 427 SE. 162 TER STREET ADDRESS STREET ADDRESS 450 SE 169 AVE CITY-ST-ZIP .CITY-ST-ZIP. _ SLIVER SPRINGS FL 34488---SILVER SPRINGS FI ☐ Addition TITLE DS PAT STONE **7** Delete ROBINSON, IRENE NAME 209 NE 168 Th COURT STREET ADDRESS STREET ADDRESS 16469 E HWY 40 CITY-ST-ZIP CITY-ST-ZIP SILVER SPRINGS FL 34488 ☐ Addition ☐ Delete TITLE Hanna, genevieve f. NAME NAME STREET ADDRESS 18801 S.E. 17TH PL STREET ADDRESS CITY-ST-ZIP SILVER SPRINGS FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

ENEVIÈVEE HANNA