

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25784

1. Entity Name

SUWANNEE RIVER RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL, INC.

Principal Place of Business

Mailing Address

234 COURT STREET SE  
LIVE OAK FL 32060

234 COURT STREET SE  
LIVE OAK FL 32060

2. Principal Place of Business

234 Court St. SE

Suite, Apt. #, etc.

3. Mailing Address

234 Court St. S.E.

Suite, Apt. #, etc.

City & State

Live Oak, FL

City & State

Live Oak, FL

4. FEI Number

59-2510229

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

POPE, RUSSELL  
234 COURT STREET SE  
LIVE OAK FL 32060

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 re-stating)

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 ☐ Delete

POPE, RUSSELL  
P.O. BOX P N/A  
LIVE OAK FL 32060

TITLE NAME ☐ Delete

ODGEN, RUFUS  
PO BOX 603  
WELLBORN FL 32094

TITLE NAME ☐ Delete

RUSSELL, BRYANT  
RT 3, BOX 265  
PERRY FL 32347

TITLE NAME ☐ Delete

DEAS, JON  
5854 NW CR 146  
JENNINGS FL

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition

Bryant Russell  
5350 Heather Wright Ln.  
Perry, FL. 32348

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
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)(l), 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

Date

Daytime Phone #

FILED  
Jan 09, 2002 8:00 am  
Secretary of State

01-09-2002 90022 008 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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