

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30751

1. Entity Name

THE FLORIDA SPELEOLOGICAL SOCIETY, INC.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90004 047 ****61.25

Principal Place of Business

Mailing Address

C/O BILL OLDACRE
6208 NW 132 STREET
GAINESVILLE FL 32606

C/O BILL OLDACRE
6208 NW 132 STREET
GAINESVILLE FL 32653-2531

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2742547

Applied For

Not Applicable

Zip

Country

Zip

Country

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

OLDACRE, BILL
6208 NW 132 STREET
GAINESVILLE FL 32606

Name

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

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete
NAME BECK, CAREN
STREET ADDRESS 5515 NW 29TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32653

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

TITLE VD ☐ Delete
NAME WILLIAMS, BRIAN
STREET ADDRESS 101 STARLAKE DR.
CITY-ST-ZIP HAWTHORNE FL 32640

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

TITLE TD ☐ Delete
NAME JOHNSON, JERRY M
STREET ADDRESS 529 NW 84TH ST
CITY-ST-ZIP GAINESVILLE FL

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

TITLE D ☐ Delete
NAME OLDACRE, WILLIAM
STREET ADDRESS 6208 NW 132 ST
CITY-ST-ZIP GAINESVILLE FL

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

TITLE PD ☐ Delete
NAME BECK, SULLIVAN
STREET ADDRESS 5515 NW 29TH TERR
CITY-ST-ZIP GAINESVILLE FL 32653

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

TITLE D ☐ Delete
NAME PEAKMAN, KEN
STREET ADDRESS 5691 NE 22ND AVE.
CITY-ST-ZIP Ocala FL 34479

TITLE ☐ Change ☐ Addition
NAME
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)(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 Required, Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/00 352 332 6576

CR2E037 (9/99)