# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 09, 2001 8:00 am**
**Secretary of State**
04-09-2001 90066 003 ****61.25

DOCUMENT # N30751

1. Entity Name

THE FLORIDA SPELEOLOGICAL SOCIETY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O BILL OLDACRE<br>6208 NW 132 STREET<br>GAINESVILLE FL 32606 | C/O BILL OLDACRE<br>6208 NW 132 STREET<br>GAINESVILLE FL 32606 |

C0043548

DO NOT WRITE IN THIS SPACE

| 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 59-2742547 ☐ 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 |
|---|---|
| OLDACRE, BILL<br>6208 NW 132 STREET<br>GAINESVILLE FL 32606 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BECK, CAREN<br>5515 NW 29TH TERRACE<br>GAINESVILLE FL 32653 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~VD~~<br>WILLIAMS, BRIAN<br>101 STARLAKE DR.<br>HAWTHORNE FL 32640 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WILLIAMS, BRIAN<br>101 STARLAKE DR<br>HAWTHORNE FL 32640 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>JOHNSON, JERRY M<br>529 NW 84TH ST<br>GAINESVILLE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>OLDACRE, WILLIAM<br>6208 NW 132 ST<br>GAINESVILLE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BECK, SULLIVAN<br>5515 NW 29TH TERR<br>GAINESVILLE FL 32653 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PEAKMAN, KEN<br>5691 NE 22ND AVE.<br>OCALA FL 34479 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>ROBERTS, SEAN<br>4117 SW 20TH AVE #21<br>GAINESVILLE, FL 32607 | ☐ Change ☑ Addition |

CR2E037 (10/00)

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 Treasurer JERRY M JOHNSON 4/7/01 (352) 332-6576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #