

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90354 029 ****70.00

DOCUMENT # **N30751** ✓
1. Entity Name
FLORIDA SPELEOLOGICAL SOCIETY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6208 NW 132 ST		3. Mailing Address PO Box 12581	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State GAINESVILLE, FL		City & State GAINESVILLE, FL	
Zip 32606	Country USA	Zip 32604	Country ALABAMA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2742547	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name WILLIAM OLDACRE
Street Address (P.O. Box Number is Not Acceptable) 6208 NW 132 ST
City GAINESVILLE
FL
Zip Code 32606

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

**FEE IS \$61.25
Initial or Amended UBR**

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 STREET ADDRESS CITY-ST-ZIP	P SULLIVAN BECK 5515 NW 29TH TERR GAINESVILLE, FL 32653	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRIAN WILLIAMS 101 STARLAKE DR HAWTHORNE, FL 32640	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JERRY M JOHNSON 529 NW 84TH STREET GAINESVILLE, FL 32607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAREN BECK 5515 NW 29TH TERR GAINESVILLE, FL 32653	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM OLDACRE 6208 NW 132 ST GAINESVILLE, FL 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEAN ROBERTS 14021 NE 53RD CT RD CITRA, FL 32113	TITLE 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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

352 332 6576

Daytime Phone #

CR2E037B (12/01)