

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N31979**

1. Entity Name

St. Marks River Protection Association

N31979

Principal Place of Business

Mailing Address

**299 Old Magnolia Rd
Crawfordville, FL 32327**

same

2. Principal Place of Business

299 Old Magnolia Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Crawfordville FL

City & State

Zip

Country

32327 USA

Zip

Country

4. FEI Number

59-3247945

Applied For

Not Applicable

5. Certificate of Status Desired-

☒

**\$8.75 Additional
Fees Required**

DO NOT WRITE IN THIS SPACE

00058015

6. Name and Address of Current Registered Agent

**Woodrow Lewis
11406 Whitehouse Rd
Tallahassee, FL 32311**

7. Name and Address of New Registered Agent

Name

same

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

TITLE **PD** ☐ Delete
NAME **Woodrow Lewis**
STREET ADDRESS **11406 Whitehouse Road**
CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE **VD** ☐ Delete
NAME **AL Thompson**
STREET ADDRESS **Rt 5, Box 3961**
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **TD** ☐ Delete
NAME **Shannon Lease**
STREET ADDRESS **299 Old Magnolia Rd**
CITY-ST-ZIP **Crawfordville, FL 32327**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

Shannon Lease
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/00

Date

(850) 245-4435

Daytime Phone #

CR2E037 (9/99)