

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36099

1. Entity Name

GAINESVILLE HERPETOLOGICAL SOCIETY, INC.

Principal Place of Business

1606 NW 31ST PLACE
GAINESVILLE FL 32605-2571
US

Mailing Address

P.O. BOX 140353
RT 1 BOX 321A
GAINESVILLE FL 32614-0353
US

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

59-3055002

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

COPE, WILLIAM D
2725 SW 27TH AVE
APT. A-1
GAINESVILLE FL 32608

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

TITLE PD
NAME HAYES, ALCIN
STREET ADDRESS 1606 NW 31ST PLACE
CITY-ST-ZIP GAINESVILLE FL 32605-2571 ☐ Delete

TITLE VD
NAME GAINES, MEADOW
STREET ADDRESS 7312 SW 45TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32608 ☐ Delete

TITLE SD
NAME BRANTON, SHANNON
STREET ADDRESS 3301 SW 13TH ST, APT Y333
CITY-ST-ZIP GAINESVILLE FL 32608 ☐ Delete

TITLE TD
NAME COPE, WILLIAM
STREET ADDRESS 2725 SW 27TH AVE, APT. A-1
CITY-ST-ZIP GAINESVILLE FL 32608 ☐ Delete

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

TITLE ☐ Change ☐ Addition
NAME
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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:

WILLIAM D. COPE

1/12/01 (352) 392-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90004 021 ****61.25

800780



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)