

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90078 017 ****61.25

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

2725 SW 27th Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Apt. A-1

City & State

City & State
Gainesville FL

Zip

Country

Zip

Country

Zip
32608

Country
US

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

William D. Cope

1/15/02

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

TITLE **PD** ☒ Change ☐ Addition
 NAME **Shannon Branton**
 STREET ADDRESS **3301 SW 13th St. Apt. Y333**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

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

TITLE **VD** ☒ Change ☐ Addition
 NAME **Kimberly Nall**
 STREET ADDRESS **3104 NW 19th St.**
 CITY-ST-ZIP **Gainesville FL 32605**

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

TITLE **SD** ☒ Change ☐ Addition
 NAME **Dahlonga Leeper**
 STREET ADDRESS **2638 NW 48th PL.**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02

Date

(352) 392-0900 x30

Daytime Phone #

CR2E037 (9/01)