

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90246 012 ****61.25

0070379

DOCUMENT # N36099

1. Entity Name

GAINESVILLE HERPETOLOGICAL SOCIETY, INC.



Principal Place of Business

~~2725 S W 27TH AVE
APT A-1
GAINESVILLE FL 32608
US~~

Mailing Address

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

2. Principal Place of Business

3104 NW 19th ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

City & State

Zip

32605

Country

USA

Zip

Country

4. FEI Number **59-3055002**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
21894 133rd LANE
City **O'BRIEN** FL Zip Code **32071**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE WILLIAM D. COPE William D. Cope 4/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NALL, KIMBERLY	
STREET ADDRESS	3104 N W 19TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRANTON, SHANNON	
STREET ADDRESS	3301 SW 13TH ST, APT Y333	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COPE, WILLIAM	
STREET ADDRESS	2725 SW 27TH AVE, APT. A-1	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEEPER, DAHLONEGO	
STREET ADDRESS	2638 N W 48TH PL	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-VACANT-	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NALL, KIMBERLY	
STREET ADDRESS	3104 NW 19th ST	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPE, WILLIAM	
STREET ADDRESS	21894 133rd LANE	
CITY-ST-ZIP	O'BRIEN FL 32071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED 4/22/03 (352) 392-0900

CR2E037 (10/02)