

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N41848

1. Entity Name
OLUSTEE BATTLEFIELD CITIZENS SUPPORT ORGANIZATIO

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 27 PM 4:45

Principal Place of Business Mailing Address
P.O. DRAWER G P.O. DRAWER G
WHITE SPRINGS FL 32096 WHITE SPRINGS FL 32096-0435



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 **59-3039233** 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

~~SUBIC, VALINDA~~
~~US 41-N~~
~~WHITE SPRINGS FL 32096~~

Name **John Thrush**
Street Address (P.O. Box Number is Not Acceptable)
RT 1 BOX 683
City **Bryceville** FL Zip Code **32099**

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]* DATE **3-8-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

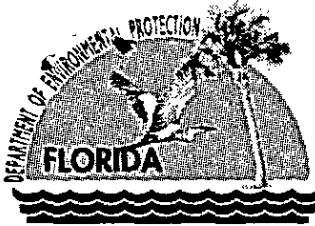
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	THRUSH, JOHN		NAME		
STREET ADDRESS	RT 1 BOX 683		STREET ADDRESS		
CITY-ST-ZIP	BRYCEVILLE FL 32009		CITY-ST-ZIP		
TITLE	DP		TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, ALICE		NAME		
STREET ADDRESS	114. BARBARA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	MACCLENLY FL 32063		CITY-ST-ZIP		
TITLE	DS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NELSON, MARGARET A		NAME		
STREET ADDRESS	169 WEST IVY ST.		STREET ADDRESS		
CITY-ST-ZIP	MACCLENLY FL		CITY-ST-ZIP		
TITLE	DV	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KEPNER, BRAIN		NAME		
STREET ADDRESS	3426 NW 22ND AVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* **SIGNATURE REQUIRED** DATE **3/8/00** 704-630-2242

CR2E037 (9/99)

AD



Department of Environmental Protection

Jeb Bush
Governor

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

David B. Struhs
Secretary

March 27, 2000

Mr. David Mann, Director
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, FL 32314

Dear Mr. Mann:

This letter is to certify to you that Olustee Battlefield Citizen Support Organization, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S.

Sincerely,

Fran P. Mainella, CLP
Director
Division of Recreation and Parks

FPM/paw

Attachments