

9/13/01-90047-024-S61.25-S61.25

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N47137**

1. Entity Name

SOCIETY FOR THE PRESERVATION OF ORIENTAL FOLKLOR**FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA****01 SEP 25 PM 1:25**Principal Place of Business
212 N.W. 15TH AVENUE
GAINESVILLE FL 32601Mailing Address
212 N.W. 15TH AVENUE
GAINESVILLE FL 32601

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

APPLIED FOR

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

KOELMEYER, NINA
212 N.W. 15TH AVENUE
GAINESVILLE FL 32601

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 fee if applicable

(NOTE: Registered Agent signature required when relocating)

DATE

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
KOELMEYER, NINA
212 N.W. 15TH AVE
GAINESVILLE FL**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
KUNTZ, LOIS A
3314 NW 5TH ST
GAINESVILLE FL**☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BENN, ROBERT
120 SW 1ST AVE.
GAINESVILLE FL**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EDMUND COOPER
120 SW 1ST AVE
GAINESVILLE FL 32601**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Nina Koelmeier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 10th 2001 3718386

Date

Daytime Phone #

CR2507 (5/01)

SP