

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000834

1. Entity Name

THE SUWANNEE VALLEY HEMEROCALLIS SOCIETY, INC.

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90050 002 ****61.25

Principal Place of Business

RT. 10 BOX 841
LAKE CITY FL 32025
US

Mailing Address

RT. 10 BOX 841
LAKE CITY FL 32025
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

59-3158921

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

HOUSTON, OTTIS
RT. 10, BOX 841
LAKE CITY FL 32055

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
ANDERSON, KENNETH D.
RT 12 BOX 412
LAKE CITY FL 32025 ☐ Delete

☐ Change ☐ Addition

PD
RIDAUGHT, JEROME
12309 NW 112TH AVE
ALACHUA FL 32615 ☐ Delete

☐ Change ☐ Addition

SD
SCOTT, CYNTHIA
6800 NE 65TH ST
HIGH SPRINGS FL 32643 ☐ Delete

☐ Change ☐ Addition

VD
SCOTT, EDDY
6800 NE 65TH ST
HIGH SPRINGS FL 32643 ☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ 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)(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: Kenneth David Anderson 1/22/2001 (904) 755-6553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)