

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

06-13-2002 90383 030 ****61.25

DOCUMENT # N93000000834

1. Entity Name

THE SUWANNEE VALLEY HEMEROCALLIS SOCIETY, INC.

Principal Place of Business

Mailing Address

RT. 10 BOX 841
 LAKE CITY FL 32025
 US

RT. 10 BOX 841
 LAKE CITY FL 32025
 US

97629



DO NOT WRITE IN THIS SPACE

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 resigning)

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 NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, KENNETH D. RT 12 BOX 412 LAKE CITY FL 32025	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIDAUGHT, JEROME 12309 NW 112TH AVE ALACHUA FL 32815	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCOTT, CYNTHIA 6800 NE 65TH ST HIGH SPRINGS FL 32643	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCOTT, EDDY 6800 NE 65TH ST HIGH SPRINGS FL 32643	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres, Scott, Eddy D. 6800 NE 65th St High Springs, FL 32643	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Aeba Ridaught 12309 NW 112th Ave Alachua, FL 32643	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Cheryl Murrin D. Rt 3 Box 148 Lake City, FL 32025	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres Boe Bumgardner D. 8515 Trambley Dr S Jacksonville, FL 32221	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Eddy Scott **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/02

Date

386-454-3687

Daytime Phone