

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

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90188 042 \*\*\*\*61.25

**DOCUMENT # N93000000834**

1. Entity Name  
**THE SUWANNEE VALLEY HEMEROCALLIS SOCIETY, INC.**



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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete  
TITLE  
NAME **RIDAUGHT, REBA T**  
STREET ADDRESS **12309 NW 112TH AVE**  
CITY-ST-ZIP **ALACHUA FL 32643**

SD ☐ Delete  
TITLE  
NAME **MURRIN, CHERYL D**  
STREET ADDRESS **RT 3 BOX 148**  
CITY-ST-ZIP **LAKE CITY FL 32025**

VP ☒ Delete  
TITLE  
NAME **BUMGARDNER, JOE D.**  
STREET ADDRESS **8515 TRAMBLEY DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32221**

PD ☐ Delete  
TITLE  
NAME **SCOTT, EDDY**  
STREET ADDRESS **6800 NE 65TH ST**  
CITY-ST-ZIP **HIGH SPRINGS FL 32643**

☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition  
TITLE  
NAME **VD Lowder, Lou**  
STREET ADDRESS **15251 NW Hwy 129**  
CITY-ST-ZIP **Trenton, FL 32693-9760**

☒ Change ☐ Addition  
TITLE  
NAME **Ridaught, Reba**  
STREET ADDRESS **12309 NW 112th Ave**  
CITY-ST-ZIP **Alachua, FL 32615**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
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:

*Reba Ridaught* **REQUIRED**

**2/12/03 (386) 462-3740**

Date

Daytime Phone #

CR2E037 (10/02)