

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90054 038 ****61.25

DOCUMENT # N93000001711

1. Entity Name

FLORIDA ASSOCIATION OF BENTHOLOGISTS, INC.

Principal Place of Business

6821 S.W. ARCHER ROAD
 GAINESVILLE FL 32608

Mailing Address

6821 S.W. ARCHER ROAD
 GAINESVILLE FL 32608

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

59-3156064

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

EVANS, DAVID L
6821 S.W. ARCHER ROAD
GAINESVILLE FL 32608

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

David L. Evans
 Signature, typed or printed name of registered agent and title if applicable.

David L. Evans

(NOTE: Registered Agent signature required when reinstating)

1/7/01
 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **WALTON, ALBERT S**
 CITY-ST-ZIP **7451 GOLFCOURSE BLVD**
PUNTA GORDA FL

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Walton, Albert S.**
 CITY-ST-ZIP **7451 Golfcourse Blvd.**
Punta Gorda, FL 33982

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **RUTTER, ROBERT P**
 CITY-ST-ZIP **7451 GOLF COURSE BLVD**
PUNTA GORDA FL

TITLE ☐ Change ☒ Addition
 NAME **PD**
 STREET ADDRESS **Minno, Marc**
 CITY-ST-ZIP **St. Johns River Water Mgt. District**
Highway 100 West
Palatka, FL 32177

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **DENAHAN, LYN**
 CITY-ST-ZIP **8817 ASHLAND COURT, BOX 20**
ORLANDO FL 32817

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 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:

LYNN
Denahan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/01
(407)836-1439
 Date Daytime Phone #

CR2E037 (10/00)