

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003095

1. Entity Name

SAVE OUR SUWANNEE, INC.

Principal Place of Business

P.O. BOX 669
BELL FL 32619
US

Mailing Address

P.O. BOX 669
BELL FL 32619-0669
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

59-3193792

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

LINSKOLD, SVENN
6400 N.W. 55TH ST
BELL FL 32619

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

TITLE VD
NAME LINSKOLD, SVENN
STREET ADDRESS 6400 NW 55 ST
CITY-ST-ZIP BELL FL 32619

☒ Delete

TITLE President/Director
NAME Howard Corbett
STREET ADDRESS 6279 N.W. 50TH Terr.
CITY-ST-ZIP Bell FL 32619

☐ Change ☒ Addition

TITLE PD
NAME GAMBLE, STEVE
STREET ADDRESS 7120 NW 50 ST
CITY-ST-ZIP BELL FL 32619

☒ Delete

TITLE Vice President/Director
NAME Steve Gamble
STREET ADDRESS 7120 N.W. 50TH STREET
CITY-ST-ZIP Bell, FL 32619

☐ Change ☒ Addition

TITLE TD
NAME EMERSON, LEE
STREET ADDRESS RT 3 BOX 4870
CITY-ST-ZIP FT WHITE FL 32038

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME STEPHENS, JOAN
STREET ADDRESS 5239 SW CR 313
CITY-ST-ZIP TRENTON FL 32693

☒ Delete

TITLE Secretary/Director
NAME Stephens, Joan
STREET ADDRESS 5239 S.W. CR 313
CITY-ST-ZIP Trenton, FL 32693

☐ Change ☒ Addition

TITLE D
NAME LEWIS, DAVID
STREET ADDRESS RTE 1 BOX 367
CITY-ST-ZIP BRANFORD FL 32008

☒ Delete

TITLE Director
NAME Linskold, Suen
STREET ADDRESS 6400 N.W. 55th Street
CITY-ST-ZIP Bell, FL 32619

☐ Change ☒ Addition

TITLE D
NAME CLUGSTON, JAMES
STREET ADDRESS 8408 SW 4 PL
CITY-ST-ZIP GAINESVILLE FL 32607

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

Lee F. Emerson (X) 3/14/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE