# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jul 23, 2002 8:00 am**
**Secretary of State**
07-23-2002 90322 042 ****61.25

DOCUMENT # N93000003095

1. Entity Name

SAVE OUR SUWANNEE, INC. ✓

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 669<br>BELL FL 32619<br>US | P.O. BOX 669<br>BELL FL 32619<br>US |

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 59-3193792 ☐ 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 |
|---|---|
| EMERSON, LEE<br>RT 3 BOX 4870<br>FT WHITE FL 32619 | Name SVENN LINDSKOLD<br>Street Address (P.O. Box Number is Not Acceptable) 6400 N.W. 55 ST,<br>City BELL **FL** Zip Code 32619 |

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 Svenn Lindskold 7/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**After September 13, 2002, min. will be $236.25.**

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 | D<br>LINSKOLD, SVENN<br>6400 NW 55 ST<br>BELL FL 32619 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/D<br>SVENN LINDSKOLD<br>6400 NW 55 ST,<br>BELL, FL 32619 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>GAMBLE, STEVE<br>7120 NW 50 ST<br>BELL FL 32619 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V/D<br>JAMES CLUGSTON<br>8408 SW 4 PL,<br>GAINESVILLE, FL 32607 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>EMERSON, LEE<br>RT 3 BOX 4870<br>FT WHITE FL 32038 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T/D<br>DAVID LEWIS<br>RT 1, Box 367<br>BRANFORD, FL 32008 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>STEPHENS, JOAN<br>5239 SW CR 313<br>TRENTON FL 32693 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LOYE BARNARD<br>RT 2, Box 4925<br>FT. WHITE, FL 32038 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>CORBETT, HOWARD<br>6279 NW 50TH TERR<br>BELL FL 32619 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JOSEPH LANG<br>P.O. Box 927<br>OLD TOWN, FL 32680 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CLUGSTON, JAMES<br>8408 SW 4 PL<br>GAINESVILLE FL 32607 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ANNETTE LONG<br>12651 NW 117 Ave.<br>CHIEFLAND, FL 32626 | ☐ Change ☑ Addition |

CR2E037 (4/02)

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: [illegible] SVENN LINDSKOLD 7/15/02 386-935-2960

Attachment

BLOCK 11 (continued)

Title D
Name GEORGIA SHEMITZ
St. Add 5880 NE 70 ST.
CSZ HIGH SPRINGS, FL 32643

#

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