

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90214 013 *****61.25

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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

LINDSKOLD, SVENN
6400 NW 55TH STREET
BELL FL 32619

7. Name and Address of New Registered Agent

Name **SVENN LINDSKOLD**

Street Address (P.O. Box Number is Not Acceptable)
6400 N.W. 55 ST.

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LINSKOLD, SVENN	
STREET ADDRESS	6400 NW 55 ST	
CITY-ST-ZIP	BELL FL 32619	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEWIS, DAVID	
STREET ADDRESS	RT 1 BOX 367	
CITY-ST-ZIP	BRANFORD FL 32008	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOYE, BARNARD	
STREET ADDRESS	RT 2 BOX 4925	
CITY-ST-ZIP	FORT WHITE FL 32038	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANG, JOSEPH	
STREET ADDRESS	P.O BOX 927	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	D	<input type="checkbox"/> Delete
NAME	LONG, ANNETTE	
STREET ADDRESS	12651 NW 117TH AVENUE	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CLUGSTON, JAMES	
STREET ADDRESS	8408 SW 4 PL	
CITY-ST-ZIP	GAINESVILLE FL 32607	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOYE BARNARD	
STREET ADDRESS	RT 2 BOX 4925	
CITY-ST-ZIP	FT. WHITE, FL 32038	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGIA SHERMITZ	
STREET ADDRESS	5880 N.E. 70th ST.	
CITY-ST-ZIP	HIGH SPRINGS, FL 32643	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN STEPHENS	
STREET ADDRESS	5239 S.W. CR 313	
CITY-ST-ZIP	TRENTON, FL 32693	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNETH La MELL	
STREET ADDRESS	22695 SR. 247	
CITY-ST-ZIP	LAKE CITY, FL 32024	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA FERGUSON	
STREET ADDRESS	22392 SR 47	
CITY-ST-ZIP	FT. WHITE, FL 32038	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* April 17 2003 386-935-2960

CR2E037 (10/02)