

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90085 002 ****61.25

DOCUMENT # N94000000713

1. Entity Name

THE FLORIDA PANTHER SOCIETY INC.

Principal Place of Business

RT 1 BOX 1895
 WHITE SPRINGS FL 32096

Mailing Address

RT 1 BOX 1895
 WHITE SPRINGS FL 32096-9611

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 **59-3230473**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIAMS, STEPHEN L
STEPHEN FOSTER DR.
RT 1 BOX 1895
WHITE SPRINGS FL 32096

7. Name and Address of New Registered Agent

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:
FEES 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

TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMS, STEPHEN	
STREET ADDRESS	RT 1 BOX 1895	
CITY-ST-ZIP	WHITE SPRINGS FL 32096	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, KAREN	
STREET ADDRESS	6212 S DRIVE	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input type="checkbox"/> Delete
NAME	NISWANDER, PHILIP	
STREET ADDRESS	OAK GROVE RD.	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, CINDY	
STREET ADDRESS	P.O. BOX N/A	
CITY-ST-ZIP	MCLENNY FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SUTPHIN, JOHN	
STREET ADDRESS	4026 DALLAS DR	
CITY-ST-ZIP	CALDOSTA GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Howard, Karen	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature **1/24/00** **904-397-2945**

CR2E037 (9/99)