

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000713

1. Entity Name

THE FLORIDA PANTHER SOCIETY INC.

FILED  
Apr 09, 2001 8:00 am  
Secretary of State

04-09-2001 90040 005 \*\*\*\*\*61.25

Principal Place of Business

RT 1 BOX 1895  
WHITE SPRINGS FL 32096

Mailing Address

RT 1 BOX 1895  
WHITE SPRINGS FL 32096

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3230473

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

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

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 P  
NAME WILLIAMS, STEPHEN  
STREET ADDRESS RT 1 BOX 1895  
CITY-ST-ZIP WHITE SPRINGS FL 32096 ☐ Delete

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

TITLE VP  
NAME HOWARD, KAREN  
STREET ADDRESS 6212 S DRIVE  
CITY-ST-ZIP LAKE CITY FL 32055 ☐ Delete

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

TITLE D  
NAME NISWANDER, PHILIP  
STREET ADDRESS OAK GROVE RD.  
CITY-ST-ZIP LAKE CITY FL ☐ Delete

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

TITLE D  
NAME THOMPSON, CINDY  
STREET ADDRESS P.O. BOX N/A  
CITY-ST-ZIP MCLENNY FL ☐ Delete

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

TITLE DT  
NAME SUTPHIN, JOHN  
STREET ADDRESS 4026 DALLAS DR  
CITY-ST-ZIP CALDOSTA GA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP (Typo) Valdosta ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Stephen L. Williams

4/06/01

904-397-7945

Date

Daytime Phone #

CR2E037 (10/00)