

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000844

1. Entity Name

ORTEGA PRESERVATION SOCIETY, INC.

Principal Place of Business

P.O. BOX 46
ORTEGA STATION
JACKSONVILLE FL 32210

Mailing Address

P.O. BOX 46
ORTEGA STATION
JACKSONVILLE FL 32210-0046

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HARDIN, RICHARD D
2822 CHEROKEE AVE.
JACKSONVILLE FL 32210

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:
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

TITLE	DP	<input type="checkbox"/> Delete
NAME	HARDIN, RICHARD D	
STREET ADDRESS	PO BOX 74 ORTEGA STATION	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HOLIFIELD, LEE	
STREET ADDRESS	4157 TIMUGUANA RD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHISHOLM, CAL	
STREET ADDRESS	4252 BALTIC CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HARDIN, CHERYL	
STREET ADDRESS	PO BOX 74 ORTEGA STATION	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUGHES, LANE	
STREET ADDRESS	2832 CHEROKEE AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESTES, STEVEN	
STREET ADDRESS	4740 APACHE AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

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	<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	
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:

Richard D. Hardin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90148 041 ****61.25

A0008260



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3307232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR20037 (9/00)

1/12/2000 (904) 389-9294