

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000004148**

1. Entity Name

SANTA FE SOIL & WATER CONSERVATION DISTRICT, INC**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90009 023 ****61.25

Principal Place of Business

Mailing Address

~~818 SECRETARY PLAZA~~
3884 S. FIRST ST.
LAKE CITY FL 32025
USP.O. BOX 2486
LAKE CITY FL 32056-2486**906728**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3081780**Applied For
Not Applicable

Zip

Country

Zip

Country

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

CRAWFORD, CHARLIE
RT 2 BOX 3416
LAKE CITY FL 32055

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 \$61.259. 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 **CRAWFORD, CHARLIE** ☐ Delete
STREET ADDRESS **RT 2 BOX 3416**
CITY-ST-ZIP **LAKE CITY FL 32055**TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME **CD BROWN, WILL J** ☐ Delete
STREET ADDRESS **1750 FAIR VIEW ST.**
CITY-ST-ZIP **LAKE CITY FL 32055**TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME **D OGDEN, RUFUS** ☐ Delete
STREET ADDRESS **P.O. BOX 603**
CITY-ST-ZIP **WELLBORN FL 32094**TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME **D MOSELEY, LAMAR** ☐ Delete
STREET ADDRESS **RT 3 BOX 3812**
CITY-ST-ZIP **FT. WHITE FL 32055**TITLE ☒ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP **32038 zip Code**TITLE
NAME **D SPRADLEY, DON** ☐ Delete
STREET ADDRESS **RT. 16 BOX 658**
CITY-ST-ZIP **LAKE CITY FL 32055**TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
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 changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #