

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90061 004 \*\*\*\*61.25

**DOCUMENT # N95000004148**

1. Entity Name

**SANTA FE SOIL & WATER CONSERVATION DISTRICT, INC**

Principal Place of Business

RIDGECREST PLAZA SUITE 5  
 3884 S. FIRST ST.  
 LAKE CITY FL 32025  
 US

Mailing Address

P.O. BOX 2486  
 LAKE CITY FL 32056

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3081780**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CRAWFORD, CHARLIE**  
**RT 2 BOX 3416**  
**LAKE CITY FL 32055**

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

T ☐ Delete  
**CRAWFORD, CHARLIE**  
**RT 2 BOX 3416**  
**LAKE CITY FL 32055**

CD ☐ Delete  
**BROWN, WILL J**  
**1750 FAIR VIEW ST.**  
**LAKE CITY FL 32055**

D ☐ Delete  
**OGDEN, RUFUS**  
**P.O. BOX 603**  
**WELLBORN FL 32094**

D ☐ Delete  
**MOSELEY, LAMAR**  
**RT 3 BOX 3812**  
**FORT WHITE FL 32038**

D ☐ Delete  
**SPRADLEY, DON**  
**RT. 16 BOX 658**  
**LAKE CITY FL 32055**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)