

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000004148**

1. Entity Name

**SANTA FE SOIL & WATER CONSERVATION DISTRICT, INC****FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90110 048 \*\*\*\*61.25

Principal Place of Business

Mailing Address

RIDGECREST PLAZA SUITE 5  
3884 S. FIRST ST.  
LAKE CITY FL 32025  
USP.O. BOX 2486  
LAKE CITY FL 32056

2. Principal Place of Business

3. Mailing Address

3884 South First St.  
Suite, Apt. #, etc.P.O. Box 2486  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Lake City, FloridaCity & State  
Lake City, Florida4. FEI Number  
59-3081780Applied For  
Not ApplicableZip Country  
32025 ColumbiaZip Country  
32056 Columbia5. 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

*Will J Brown*

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 FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
CRAWFORD, CHARLIE  
RT 2 BOX 3416  
LAKE CITY FL 32055 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
BROWN, WILL J  
1750 FAIR VIEW ST.  
LAKE CITY FL 32055 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
OGDEN, RUFUS  
P.O. BOX 603  
WELLBORN FL 32094 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MOSELEY, LAMAR  
RT 3 BOX 3812  
FORT WHITE FL 32038 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SPRADLEY, DON  
RT. 16 BOX 658  
LAKE CITY FL 32055 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
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 all other like empowered.

SIGNATURE: *Will J Brown* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-02

CR2E037 (9/01)