

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002691

1. Entity Name

FRIENDS OF SPRUCE CREEK PRESERVE, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90041 016 ****61.25

Principal Place of Business

465 WILDWOOD DR
NEW SMYRNA BEACH FL 32168
US

Mailing Address

465 WILDWOOD DR
NEW SMYRNA BEACH FL 32168-1829
US

2. Principal Place of Business

3. Mailing Address

1982 SR #44

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#214

City & State

City & State

NEW SMYRNA BEACH, FL

Zip

Country

Zip

32168

Country

USA

4. FEI Number

59-3449569

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

ROSS, WILLIAM L JR.
221 NORTH CAUSEWAY
NEW SMYRNA BEACH FL 32169

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 PD ☒ Delete
NAME LEEPER, DORIS
STREET ADDRESS 806 N PENINSULAR AVE
CITY-ST-ZIP NEW SMYRNA BCH FL 32169

TITLE PD CLAY HENDERSON ☒ Change ☐ Addition
NAME 1012 S. RIVERSIDE DR.
STREET ADDRESS NEW SMYRNA BEACH, FL 32168
CITY-ST-ZIP

TITLE PD ☒ Delete
NAME HERRIN, BARBARA
STREET ADDRESS 465 WILDWOOD DR
CITY-ST-ZIP NEW SMYRNA BCH FL 32168

TITLE VP D ☒ Change ☐ Addition
NAME FRANK E. MARSHALL
STREET ADDRESS 340 N. CAUSEWAY
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE ST ☒ Delete
NAME PLASKETT, LYNNE
STREET ADDRESS 465 WILDWOOD DR
CITY-ST-ZIP NEW SMYRNA BCH FL 32168

TITLE S ☒ Change ☐ Addition
NAME WILLIAM L. ROSS, JR.
STREET ADDRESS 221 N. CAUSEWAY
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Change ☐ Addition
NAME LYNNE PLASKETT
STREET ADDRESS PO BOX 1632
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32170

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME PROGRAM DIRECTOR
STREET ADDRESS BARBARA J. HERRIN
CITY-ST-ZIP 465 WILDWOOD DR
NEW SMYRNA BEACH, FL 32168

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME JIM WARD
STREET ADDRESS 5910 TRAILWOOD DR.
CITY-ST-ZIP PORT ORANGE, FL 32127

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: Barbara J. Herrin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2000
Date

904 4273175
Daytime Phone #

CR2E037 (9/99)