

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

008985

05-22-2001 90011 011 ****61.25

DOCUMENT # N97000002691

1. Entity Name

FRIENDS OF SPRUCE CREEK PRESERVE, INC.

Principal Place of Business

465 WILDWOOD DR
 NEW SMYRNA BEACH FL 33168
 US

Mailing Address

1982 SR 44, #214
 NEW SMYRNA BEACH FL 32168
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 **HENDERSON, CLAY**
 STREET ADDRESS **1012 S RIVERSIDE DRIVE**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VPD** ☐ Delete
 NAME **MARSHALL, FRANK E**
 STREET ADDRESS **340 N CAUSEWAY**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **S** ☐ Delete
 NAME **ROSS, WILLIAM L JR**
 STREET ADDRESS **221 N CAUSEWAY**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **TD** ☒ Delete
 NAME **PLASKETT, LYNNE**
 STREET ADDRESS **P O BOX 1632**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32170**

TITLE **D** ☐ Change ☒ Addition
 NAME **JAMES FOSTER**
 STREET ADDRESS **813 STAGHORN CT.**
 CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE **DPD** ☐ Delete
 NAME **HERRIN, BARBARA J**
 STREET ADDRESS **465 WILDWOOD DRIVE**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **TD** ☒ Change ☐ Addition
 NAME **HERRIN, BARBARA J**
 STREET ADDRESS **465 WILDWOOD DRIVE**
 CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE **D** ☐ Delete
 NAME **WARD, JIM**
 STREET ADDRESS **5910 TRAILWOOD DRIVE**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **D** ☐ Change ☒ Addition
 NAME **PAUL MARKUNAS**
 STREET ADDRESS **1414 ART CENTER AVE.**
 CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

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 REQUIRED

BARBARA J HERRIN 5/20/01

(386) 424-0860

CR2E037 (10/00)