

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90420 018 ****61.25

DOCUMENT # **N97000005427**

1. Entity Name

**Celebrate! PUTNAM, Council for Historic,
Cultural, and Natural Resources, Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

102 Jill Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Satsuma, FL

4. FEI Number

59-3474716

Applied For

Not Applicable

Zip

Country

Zip

Country

32189

Putnam

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Keyser + Woodward, P.A.

Street Address (P.O. Box Number is Not Acceptable)

501 Atlantic Avenue

City

Interlachen

FL

Zip Code

32148

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PO
Huber, Arlene
1305 Kirby Street
Palatka, FL 32177

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

VO
Keyser, Tim
501 Atlantic Avenue
Interlachen, FL 32148

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD
Crowley, Steve
113 River Road
Satsuma, FL 32189

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD
Roberts, June
102 Jill Lane
Satsuma, FL 32189

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
Caputo, Gene
1308 President St.
Palatka, FL 32177

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
Snyder, Evelyn
303 S. 19th St.
Palatka, FL 32177

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Gene Caputo Pres.

4/25/02 (386)329-9660

CR2E037B (12/01)