

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007168

1. Entity Name

PUTNAM COUNTY ENVIRONMENTAL COUNCIL, INC.

FILED
May 16, 2001 8:00 am,
Secretary of State

05-16-2001 90243 040 ****61.25

977311



DO NOT WRITE IN THIS SPACE

Principal Place of Business

501 ATLANTIC AVENUE
 INTERLACHEN FL 32148

Mailing Address

P.O. BOX 92
 INTERLACHEN FL 32148

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3486025

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KEYSER & WOODWARD, P.A.
 501 ATLANTIC AVENUE
 INTERLACHEN FL 32148

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
 NAME SD
 KEYSER, TIMOTHY
 STREET ADDRESS 211 POINT IDA CT
 CITY-ST-ZIP INTERLACHEN FL 32148 ☐ Delete

TITLE
 NAME WILSON, PATRICIA ☐ Change ☒ Addition
 STREET ADDRESS 110 CAMP JOY ROAD
 CITY-ST-ZIP INTERLACHEN, FL 32148

TITLE
 NAME ROKERNOOT, SANDRA ☐ Delete
 STREET ADDRESS 117 POINT OF WOODS TRAIL
 CITY-ST-ZIP PALATKA FL 32177

TITLE
 NAME ROBERDS, JUNE ☐ Change ☒ Addition
 STREET ADDRESS RT 2 BOX 747
 CITY-ST-ZIP SATSUMA, FL 32189

TITLE
 NAME PD MORRISA, CHERIE ☐ Delete
 STREET ADDRESS 299 W RIVER ROAD
 CITY-ST-ZIP PALATKA FL 32148

TITLE
 NAME VD SMITH, ROBERT ☐ Change ☒ Addition
 STREET ADDRESS 156 KINGFISH
 CITY-ST-ZIP LAKE COMO, FL 32157

TITLE
 NAME TD SORENSON, JULIE ☐ Delete
 STREET ADDRESS 406 BRONSON ST
 CITY-ST-ZIP PALATKA FL 32177

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

TITLE
 NAME D SEIBERLING, LIZ ☐ Delete
 STREET ADDRESS 104 CACTUS DR
 CITY-ST-ZIP INTERLACHEN FL 32148

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

TITLE
 NAME D CULLOM, RANDY ☐ Delete
 STREET ADDRESS 104 CACTUS DR
 CITY-ST-ZIP INTERLACHEN FL 32148

TITLE
 NAME ☐ Change ☐ Addition
 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 May 01 (386) 684-4673

Date Daytime Phone #

CR2E037 (10/00)