

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90124 031 ****61.25

DOCUMENT # N98000004648

1. Entity Name

BIG HAMMOCK ARCHAEOLOGICAL FOUNDATION, INC.

Principal Place of Business

P.O. BOX 163
 DADE CITY FL 33526

Mailing Address

P.O. BOX 163
 DADE CITY FL 33526

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

59-3526714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SCHRADER, DAVID
 21859 STATE ROAD 54
 SUITE 700
 LUTZ FL 33549

7. Name and Address of New Registered Agent

Name

Lori D. Collins

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

P.O. Box 163 // 37905 WOLF Dr.

City

Dade City

FL

Zip Code

33525

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

LORI D. COLLINS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Lori D. Collins

DATE

4/25/01

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WHARTON, BARRY**
 CITY-ST-ZIP **P.O. BOX 163 N/A**
DADE CITY FL 33526

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **AUSTIN, ROBERT J DR.**
 CITY-ST-ZIP **P.O. BOX 163 N/A**
DADE CITY FL 33526

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **COLLINS, LORI D**
 CITY-ST-ZIP **P.O. BOX 163 N/A**
DADE CITY FL 33526

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 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:

Lori D. Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

3525230679

Date

Daytime Phone #

CR2E037 (10/00)