2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
04-02-2001 90057 037 ****61.25

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1. Entity Name

APALACHICOLA BAY AND RIVER KEEPER, INC.

Principal Place of Business	Mailing Address
29 ISLAND DR STE 6 EASTPOINT FL 32328	PO BOX 484 EASTPOINT FL 32328

DO NOT WRITE IN THIS SPACE

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 59-3550426 ☐ 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
HARTLEY, WILLIAM B 1464 BAYBERRY LN. ST. GEORGE ISLAND FL 32328	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 / STREET ADDRESS / CITY-ST-ZIP	D SMITH, ANDY ESQ RT. 1, BOX 637 TALLAHASSEE FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, V HALL, BRUCE 238 ATLANTIC AVE APALACHICOLA FL 32320	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D , P HARTLEY, WILLIAM B 1464 BAYBERRY LN. ST. GEORGE ISLAND FL 32328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, S HARTLEY, SHIRLEY W. 1464 BAYBERRY LN ST. GEORGE IS, FL 32328	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VARNES, BOBBY PO BOX 815 APALACHICOLA FL 32329	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATSON, A. JAMES 15 GARDNER LN DELLWOOD MN 55110	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADAMS, TOM 1440 ELM CT. ST. GEORGE ISLAND FL 32328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIDDLEMAS, JOHN ROBERT 718 BUNKERS COVE RD PANAMA CITY FL 32401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUMMER, LLOYD 632 E PINE ST ST. GEORGE ISLAND FL 32328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, T MORAN, CHRISTOPHER H., CPA 1918 VINELAND LN TALLAHASSEE FL 32311	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VENABLE, FRANK P.O. BOX 997 N/A EASTPOINT FL 32328	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, C. CHADWICK 4226 BUCKLAND TRAIL GREENWOOD FL 32443	☐ Change ☒ Addition

CR2E037 (10/00)

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: William B. Hartley SIGNATURE REQUIRED 3/27/01 (850) 927-3154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #