

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90061 036 ****61.25

DOCUMENT # N99000001477

1. Entity Name

APALACHICOLA BAY AND RIVER KEEPER, INC.

Principal Place of Business

**29 ISLAND DR
 STE 6
 EASTPOINT FL 32328**

Mailing Address

**PO BOX 484
 EASTPOINT FL 32328**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

**HARTLEY, WILLIAM B
 1464 BAYBERRY LN.
 ST. GEORGE ISLAND FL 32328**

7. Name and Address of New Registered Agent

Name **DAVID McLAIN**
 Street Address (P.O. Box Number is Not Acceptable) **29 ISLAND DRIVE, Suite 6**
 City **EASTPOINT** FL **32328**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David P. McLain* **EXECUTIVE Director** **9/10/02**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**After September 13, 2002,
 min. will be \$236.25.**

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	VICE PRESIDENT	☐ Delete
NAME	HALL, BRUCE	
STREET ADDRESS	238 ATLANTIC AVE	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	D	☒ Delete
NAME	HARTLEY, WILLIAM B	
STREET ADDRESS	1464 BAYBERRY LN.	
CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328	
TITLE	DS	☒ Delete
NAME	HARTLEY, SHIRLEY	
STREET ADDRESS	1464 BAYBERRY LN	
CITY-ST-ZIP	ST GEORGE IS FL 32328	
TITLE	D	☒ Delete
NAME	ADAMS, TOM	
STREET ADDRESS	1440 ELM CT.	
CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328	
TITLE	D	☐ Delete
NAME	SUMMER, LLOYD	
STREET ADDRESS	632 E PINE ST	
CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328	
TITLE	D	☒ Delete
NAME	MATSON, JAMES A	
STREET ADDRESS	15 GARDNER LN	
CITY-ST-ZIP	DELLWOOD MN 55110	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	ROY DUVERGER	
STREET ADDRESS	1592 ALLIGATOR DRIVE	
CITY-ST-ZIP	ALLIGATOR POINT, FL. 32346	
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	ERNEST MARSDAN	
STREET ADDRESS	102 LAS BRISAS WAY	
CITY-ST-ZIP	EASTPOINT, FL. 32328	
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	JOHN ROBERT MIDDLEMAN	
STREET ADDRESS	718 BUNKERS COVE ROAD	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	VP D/TREASURER	☐ Change ☒ Addition
NAME	CHRIS MORAN	
STREET ADDRESS	1918 VINELAND LANE	
CITY-ST-ZIP	TALLAHASSEE, FL. 32311	
TITLE	D/SEC	☐ Change ☒ Addition
NAME	PENNY PENNINGTON	
STREET ADDRESS	5812 OK FEDERAL HWY.	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D/PRESIDENT	☐ Change ☒ Addition
NAME	ANDREW JUBAL SMITH	
STREET ADDRESS	12542 WATERFRONT DR.	
CITY-ST-ZIP	TALLAHASSEE, FL. 32312	

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: *DAVID McLAIN* **DAVID McLAIN** **9/10/02** **(850)670-5470**

CR2E037 (4/02)

Attachment

Director
C Chadwick Taylor
4226 Buckland Trail
Greenwood, FL 32443

N91000001477
125065

Director
Willard Vinson
239 Smith Street
Eastpoint, FL 32328