

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003754

1. Entity Name

RED EARTH MEDICINE SOCIETY, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90284 025 ****70.00

Principal Place of Business

537 MADISON AVE.
ORANGE PARK FL 32065

Mailing Address

537 MADISON AVE.
ORANGE PARK FL 32065-6618

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

59-3638834

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WHISSEN, JAMES
537 MADISON AVE.
ORANGE PARK FL 32065

7. Name and Address of New Registered Agent

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

TITLE PD
NAME WHISSEN, JAMES
STREET ADDRESS 537 MADISON AVE.
CITY-ST-ZIP ORANGE PARK FL 32065 ☐ Delete

TITLE VD
NAME JONES, FARRIE E
STREET ADDRESS 978 VENICE DR.
CITY-ST-ZIP ORANGE PARK FL 32065 ☐ Delete

TITLE SD
NAME RAUSCH, DEBRA
STREET ADDRESS 498 LOGAN AVE.
CITY-ST-ZIP ORANGE PARK FL 32065 ☐ Delete

TITLE D
NAME SHUMP, TIMOTHY
STREET ADDRESS 8660 HAMMONDWOOD RD. SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32221 ☐ Delete

TITLE TD
NAME GATZA, GAIL
STREET ADDRESS 537 MADISON AVE.
CITY-ST-ZIP ORANGE PARK FL 32065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME JONES, FARRIS E.
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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

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

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: DEBRA RAUSCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00 904-771-1721

Date

Daytime Phone #