

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 814442

1. Entity Name

THE NATURE CONSERVANCY, INC.

Principal Place of Business

4245 N. FAIRFAX DR
LEGAL DEP SUITE 600
ARLINGTON VA 22203-1606
US

Mailing Address

4245 N. FAIRFAX DR
LEGAL DEP SUITE 600
ARLINGTON VA 22203-1606
US

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

53-0242652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 MCCORMICK, STEVEN J
STREET ADDRESS 4245 N. FAIRFAX DR
CITY-ST-ZIP ARLINGTON VA ☐ Delete

TITLE TD
NAME FITZGERALD III, THOMAS J
STREET ADDRESS 3917 HARRISON NW
CITY-ST-ZIP WASHINGTON DC ☐ Delete

TITLE VPCD
NAME WEEKS, W. WILLIAM
STREET ADDRESS 4245 N. FAIRFAX DR
CITY-ST-ZIP ARLINGTON VA 22203-1606 ☐ Delete

TITLE VPD
NAME CULTER, RAYMOND M.
STREET ADDRESS 7810 FREEHOLLOW DR
CITY-ST-ZIP FALLS CHURCH VA ☐ Delete

TITLE SD
NAME FLINT, PAUL H. JR
STREET ADDRESS 4245 N. FAIRFAX DR
CITY-ST-ZIP ARLINGTON VA ☐ 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
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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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:

Paul H. Flint
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul H. Flint 1.11.02

Date

703.841.5300

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)