

2000 UNIFORM BUSINESS REPORT (UBR)

0013864 AF

DOCUMENT # L99000001827
 1. Entity Name
CONSERVATION CENTRE, L.C.

FILED
 00 APR 10 AM 9:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business: 2507 CALLAWAY ROAD, TALLAHASSEE FL 32303
 Mailing Address: P.O. BOX 38053, TALLAHASSEE FL 32315-8053

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **59-3569814**
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MACFARLAND, JAMES W
2507 CALLAWAY ROAD
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		
TITLE NAME	MGRM MACFARLAND, JAMES W	<input type="checkbox"/> Delete
STREET ADDRESS	2507 CALLAWAY ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	MEMBER KAREN K MACFARLAND	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	309 Oaks Will Ct.	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE NAME	500003221555	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	-04/24/00--01157--015	
CITY-ST-ZIP	*****50.00 *****50.00	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *James N. MacFarland* James N. MacFarland 4/6/00 386-5263
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

(696) (308) (13)