

# 2001 UNIFORM BUSINESS REPORT (UBR)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 FEB -5 PM 4:44

**DOCUMENT # L99000001827**

1. Entity Name  
**CONSERVATION CENTRE, L.C.**

Principal Place of Business <b>2507 CALLAWAY ROAD TALLAHASSEE FL 32303</b>	Mailing Address <b>P.O. BOX 38053 TALLAHASSEE FL 32315</b>
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2. Principal Place of Business	3. Mailing Address <b>2507 Callaway Rd</b>
Suite, Apt. #, etc. <b>#101</b>	Suite, Apt. #, etc. <b>#101</b>
City & State	City & State <b>Tallahassee FL</b>
Zip	Country
<b>32303</b>	<b>US</b>

DO NOT WRITE IN THIS SPACE

**MJH**

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) **#101**

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 *James W. MacFarland* **JAMES W. MACFARLAND** DATE **2/2/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGRM	MACFARLAND, JAMES W	2507 CALLAWAY ROAD	TALLAHASSEE FL 32303	<input type="checkbox"/>
MEM	MACFARLAND, KAREN K	309 OAKS WILL CT	TALLAHASSEE FL 32312	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 W. MacFarland* **JAMES W. MACFARLAND** DATE **2/2/01** DAYTIME PHONE # **386-5263**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)