

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90059 041 ****61.25

DOCUMENT # N11283

1. Entity Name

CONSERVATION ALLIANCE OF ST. LUCIE COUNTY, INC.

Principal Place of Business

Mailing Address

9950 S. OCEAN DRIVE
SUITE 1005
JENSEN BEACH FL 34957
US

9950 S. OCEAN DRIVE
SUITE 1005
JENSEN BEACH FL 34957-2436
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2461819

Applied For
Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

KEDZIORA
1906 INDIATLANTIC DRIVE
FT PIERCE FL 34949

JUBINSKY, VERONICA

2400 S. OCEAN DR.

APT 7123

FORT PIERCE

FL

34949

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

Veronica Jubinsky, TREASURER, VERONICA JUBINSKY 1/19/2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☒ Delete
NAME KEDZIORA, GRACE
STREET ADDRESS 2906 INDIATLANTIC DRIVE
CITY-ST-ZIP FT. PIERCE FL 34949-3322

TITLE DT ☒ Change ☐ Additor
NAME JUBINSKY, VERONICA
STREET ADDRESS 2400 S. OCEAN DR APT 7123
CITY-ST-ZIP FORT PIERCE, FL. 34949

TITLE DP ☐ Delete
NAME STOCK, GRACE
STREET ADDRESS G5 KING FISHER AVE.
CITY-ST-ZIP FT PIERCE FL

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

TITLE DS ☐ Delete
NAME BEAL, SHARON
STREET ADDRESS 9950 S. OCEAN DRIVE
CITY-ST-ZIP JENSEN BEACH FL

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

TITLE DV ☐ Delete
NAME KILLDAY, BRIAN
STREET ADDRESS 923 JACKSON WAY
CITY-ST-ZIP FT PIERCE FL 34949

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

TITLE DS ☐ Delete
NAME BRENNAN, DOROTHY
STREET ADDRESS 1145 BAYSHORE DR
CITY-ST-ZIP FT PIERCE FL

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

TITLE D ☐ Delete
NAME VITUNAK, LACE K
STREET ADDRESS 810 KITTEMAN RD
CITY-ST-ZIP PORT ST. LUCIE FL 34952

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

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: Veronica Jubinsky, VERONICA JUBINSKY, 1/19/2000 561-595-0499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #