2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State
02-20-2000 90045 023 ****61.25

DOCUMENT # N49037

1. Entity Name

FLORIDA'S NATURE COAST CONSERVANCY, INC.

Principal Place of Business	Mailing Address
P O BOX 401 CEDAR KEY FL 32625	P O BOX 401 CEDAR KEY FL 32625-0401

DO NOT WRITE IN THIS SPACE

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 59-3118685 ☐ Applied For ☐ Not Applicable

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
CRANE, ROBERT B. 16851 MARGERY ST. CEDAR KEY FL 32625	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CRANE, CAPT. ROBERT B. PO BOX 508/NA CEDAR KEY FL 32625	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 16851 MARGERY STREET
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HITT, TERRENCE HCI BOX 1305 N/A CEDAR KEY FL 32525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P.O. BOX 218 N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROQUEMORE, DAVID P.O. BOX 58 N/A CEDAR KEY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 11571 SW 154th AVENUE CEDAR KEY, FL 32625
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STARNES, EARL M P.O BOX 234 N/A GAINESVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition SHELLCREST AVENUE CEDAR KEY FL 32625
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STALTER, WILLIAM P.O. BOX416 N/A CEDAR KEY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Change ☒ Addition HOLLING C.S. 16871 STURGIS CIRCLE CEDAR KEY, FL 32625
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINEMAN WARREN P.O. BOX 476 N/A CEDAR KEY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P.O. BOX 911 N/A CEDAR KEY FL 32625

CR2E037 (9/99)

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: SIGNATURE REQUIRED DAVID W ROQUEMORE, JR TREASURER 2/14/2000 352/543-5874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #