

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90040 032 ****61.25

DOCUMENT # 713554

1. Entity Name

SANIBEL - CAPTIVA CONSERVATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

3333 SANIBEL-CAPTIVA ROAD
 P.O. BOX 839
 SANIBEL FL 33957-0839

3333 SANIBEL-CAPTIVA ROAD
 P.O. BOX 839
 SANIBEL FL 33957-0839

2. Principal Place of Business

3. Mailing Address

P.O. Box 839

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Sanibel FL

4. FEI Number

59-1205087

Applied For

Not Applicable

Zip

Country

Zip

Country

33957

Lee

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

LINDBALD, ERICK
3333 SANIBEL-CAPTIVE ROAD
SANIBEL FL 33957

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

Erick Lindblad

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: **VPT** Delete
 NAME: **MADISON, NANCY**
 STREET ADDRESS: **221 DANIEL DR**
 CITY-ST-ZIP: **SANIBEL FL 33957**

TITLE: **ST** Change Addition
 NAME: **LeGette, Caroline**
 STREET ADDRESS: **600 N. Yachtsman Dr.**
 CITY-ST-ZIP: **Sanibel, FL 33957**

TITLE: **TT** Delete
 NAME: **GRAHAM, JIM**
 STREET ADDRESS: **3256 TWIN LAKE LN**
 CITY-ST-ZIP: **SANIBEL, FL 00000 33957**

TITLE: **TT** Change Addition
 NAME: **Albert, Graig**
 STREET ADDRESS: **2407 Periwinkle Way**
 CITY-ST-ZIP: **Sanibel, FL 33957**

TITLE: **ST** Delete
 NAME: **MEEK, MARGE**
 STREET ADDRESS: **712 GOPHER WALK WAY**
 CITY-ST-ZIP: **SANIBEL FL 33957**

TITLE: **VPT** Change Addition
 NAME: **meeK, Marge**
 STREET ADDRESS: **712 Gopher Walk Way**
 CITY-ST-ZIP: **Sanibel, FL 33957**

TITLE: **PT** Delete
 NAME: **SKAUGSTAD, DEAN**
 STREET ADDRESS: **3851 COQUINA DR.**
 CITY-ST-ZIP: **SANIBEL FL 33957**

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 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)(j), 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:

Marge Meek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)