## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2001 8:00 am Secretary of State DOCUMENT # 713554 1. Entity Name SANIBEL - CAPTIVA CONSERVATION FOUNDATION, INC. 04-23-2001 90185 014 \*\*\*\*61.25 Principal Place of Business Mailing Address 3333 SANIBEL-CAPTIVA ROAD P O BOX 839 P.O. BOX 839 SANIBEL FL 33957-0839 SANIBEL FL 33957-0839 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1205087 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name indblad Erick Street Address (P.O. Box Number is Not Acceptable) LINDBALD, ERICK 3333 SANIBEL-CAPTIVE ROAD Sanibal-Captiva Rd 3333 SANIBEL FL 33957 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Change ☐ Addition Delete TITLE LE GETTE, CAROLINE NAME NAME 600 N YACHTSMAN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANIBEL FL 33957 π Change ☐ Delete TITLE ☐ Addition TITLE ALBERT, GAIG NAME NAME Albert, Craig STREET ADDRESS STREET ADDRESS 2407 PERIWINKLE WAY CITY-ST-ZIP CITY-ST-7IP SANIBEL FL 33957 Delete TITLE TITLE Change Addition MEEK, MARGE Gibson, Ron NAME NAME STREET ADDRESS 712 GOPHER WALK WAY STREET ADDRESS P. O. Box CITY-ST-ZIP CITY-ST-7IP SANIBEL FL 33957 Captiva 33924 D'Oelete ☐ Change TITLE TITLE Addition SKAUGSTAD, DEAN Meek, Morge NAME NAME 712 Gopher Walk Way STREET ADORESS 3851 COQUINA DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SANIBEL FL 33957 TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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