2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722543

1. Entity Name

LEMON BAY CONSERVANCY, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90013 031 ****61.25

Principal Place of Business	Mailing Address
P O BOX 508 ENGLEWOOD FL 34295	P O BOX 508 ENGLEWOOD FL 34295-0508

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 59-6510980 — 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
WILSON, LINDA J 6205 MARCUM ST ENGLEWOOD FL 34224	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 P NAME BOSSMAN, BRENDA STARR STREET ADDRESS 2424 PLACIDA RD., D303 CITY-ST-ZIP ENGLEWOOD FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME HAWK, LINDA STREET ADDRESS 1671 NEW POINT COMFORT RD. CITY-ST-ZIP ENGLEWOOD FL	☒ Delete	TITLE V NAME John W. Short STREET ADDRESS 41-101 Boundary Blvd. CITY-ST-ZIP Rotonda West FL 33947	☒ Change ☐ Addition
TITLE S NAME MERCER, ANN STREET ADDRESS 1990 ILLINOIS AVE. CITY-ST-ZIP GROVE CITY FL 34224	☒ Delete	TITLE S NAME Cheryl Baker STREET ADDRESS 921 OHIO AVE. CITY-ST-ZIP ENGLEWOOD FL 34223	☒ Change ☐ Addition
TITLE T NAME WILSON, LINDA J STREET ADDRESS 6205 MARCUM ST CITY-ST-ZIP ENGLEWOOD FL 34224	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME CRAMPTON, SYDNEY STREET ADDRESS 7765 MANASOTA KEY RD. CITY-ST-ZIP ENGLEWOOD FL	☒ Delete	TITLE D NAME Mr. Terry Redman STREET ADDRESS 1630 Bridge St. CITY-ST-ZIP ENGLEWOOD FL 34223	☒ Change ☐ Addition
TITLE D NAME BASS, ZOE STREET ADDRESS 6365 MANASOTA KEY RD. CITY-ST-ZIP ENGLEWOOD FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Linda J. Wilson — 2/22/00 — 941-698-8869(W)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #