2000 UNIFORM BUSINESS REPORT (UBR)

1.

DOCUMENT # 762010

1. Entity Name

LOXAHATCHEE NATURAL HISTORY ASSOCIATION, INC.

FILED
May 16, 2000 8:00 am
Secretary of State
01-27-2000 90117 017 ****61.25

Principal Place of Business	Mailing Address
% P.O. BOX 2737 DELRAY BEACH FL 33447-2737 US	% P.O. BOX 2737 DELRAY BEACH FL 33447 US

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 59-2152926 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ADCOCK, JANE
6232 DIAMOND LAKE COURT
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

Name
FKA SCHOEN, JED
Street Address (P.O. Box Number is Not Acceptable)
5835 N.W. 42nd WAY
City BOCA RATON FL Zip Code 33496

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 _____ JED SCHOEN 3/28/00
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	DT VILINSKI, LEONARD 9662 HARBOUR LAKE CR BOYNTON BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT VILINSKY, LEONARD 9662 HARBOUR LAKE CR BOYNTON BCH, FL 33437-3811	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BUXTON, IRVING 7892 MANSFILED HOLLOW DELRAY BEACH FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALBERTSON, HAL 5295 PARK PLACE CIRCLE BOCA RATON FL 33486-1462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDMAN, JAY 7760A LEXINGTON CLUB BLV DELRAY BEACH FL 33446-3407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COGSWELL, RUTH 1000 D CIRCLE TERR E DELRAY BEACH FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ADCOCK, JANE 6232 DIAMOND LAKE COURT BOYNTON BEACH FL 33437	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SCHOEN, JED 5835 N.W. 42nd WAY BOCA RATON, FL 33496	☐ 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: _____ TYPE/PRINT ALBERTSON (P) 1/22/2000 561-338-5190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #