

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766748

1. Entity Name

PALM COAST/FLAGLER SPORTS AND CONSERVATION ASSOCIATION, INC.

FILED

00 FEB 17 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

PO BOX 351221
PALM COAST, FL.
32135-1221
US

Mailing Address

PO BOX 351221
PALM COAST, FL.
32135-1221
US

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

59-2795439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BULLARD, WARREN H.
162 WESTHAMPTON DRIVE
PALM CPAST, FL. 32164

7. Name and Address of New Registered Agent

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CONRAD, THOMAS F.	
STREET ADDRESS	84 CLUBHOUSE DR.	
CITY-ST-ZIP	PALM COAST, FL. 32137	
TITLE	V	<input type="checkbox"/> Delete
NAME	TUCKER, PHILIP W.	
STREET ADDRESS	29 WELLING LANE	
CITY-ST-ZIP	PALM COAST, FL. 32164	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	EGBERT, WALTER	
STREET ADDRESS	15 BALLARD LANE	
CITY-ST-ZIP	PALM COAST, FL. 32137	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	BULLARD, WARREN H.	
STREET ADDRESS	162 WESTHAMPTON DRIVE	
CITY-ST-ZIP	PALM COAST, FL. 32164	
TITLE	D	<input type="checkbox"/> Delete
NAME	RHODES, PROCTOR V.	
STREET ADDRESS	37 BOSTON LANE	
CITY-ST-ZIP	PALM COAST, FL. 32137	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARMER, LINWOOD E.	
STREET ADDRESS	28 CARLSON LANE	
CITY-ST-ZIP	PALM COAST, FL. 32137	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMELL, ABIJAH C.	
STREET ADDRESS	33 EGAN DRIVE	
CITY-ST-ZIP	PALM COAST, FL. 32164	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRITT, JOHN P.	
STREET ADDRESS	35 WESTBURY LANE	
CITY-ST-ZIP	PALM COAST, FL. 32164	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	900003145449--0	
CITY-ST-ZIP	-02/24/00--01005--013	
	*****61.25 *****61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 *Linwood E. Farmer* LINWOOD E. FARMER 2-15-00 1-904-446-2937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

KE