2002 UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am § Secretary of State **DOCUMENT #** F01000003337 1. Entity Name CORAL CAY CONSERVATION FOUNDATION INC. 05-28-2002 91737 048 ***150.00 Principal Place of Business Mailing Address 3422 OLD CAPITAL TRAIL, STE 700 725 NORTH A1A STE E-202 BU121320 WILMINGTON DE 19808 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 93-1284911 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SINCLAIR, ADRIAN Street Address (P.O. Box Number is Not Acceptable) 725 NORTH A1A STE E202 JUPITER FL 33477 City 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. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PCD** ☐ Delete TITLE ☐ Addition NAME RAINES, PETER S NAME STREET ADDRESS 71 BAOMINTON RD STREET ADDRESS CITY-ST-ZIP LONDON ENGLAND CITY-ST-ZIP TITLE VSTD ☐ Delete TITLE Change ☐ Addition NAME SINCLAIR, ADRIAN NAME STREET ADDRESS 725 NORTH A1A STE E-202 STREET ADDRESS CITY-ST-ZIP JUPITER FL CITY-ST-7IP TITLE ✓ Delete TITLE ☐ Change ☐ Addition NAME RIDLEY, JONATHAN NAME STREET ADDRESS 86 LARKHAR RISE STREET ADDRESS CITY-ST-ZIP LONDON ENGLAND CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

I hereby certify that the information indicated on this report or supplem

of the corporation or the receiver of changed, or on an attachment wit

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pplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tally port 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED

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