2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 13, 2000 8:00 am **DOCUMENT # G80548 Secretary of State** TRAFFORD CONSERVATION CLUB, INC. 03-13-2000 90018 050 ***150.00 Principal Place of Business Mailing Address P O BOX 3040 3201 CARDINAL DR. VERO BEACH FL 32964 VERO BEACH FL 32964 616766999 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2347645 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EVANS, RALPH Street Address (P.O. Box Number is Not Acceptable) C/O STEWART, NALL, EVANS & HAFNER P.A. 3355 OCEAN DRIVE VERO BEACH FL 32963 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition ☐ Delete TITLE PIECK, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 1501 CAMINO DEL RIO CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 ☐ Addition Delete ☐ Change NAME DOWNEY, DAN NAME STREET ADDRESS 3201 CARDINAL DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 Delete ☐ Change ■ Addition TITLE NAME ADAMS, HARLAND NAME STREET ADDRESS 610 S. INDUSTRY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32962 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Addition ☐ Delete Change TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



3/8/00

561 231-5252

Daylime Phone #