

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L46808

1. Entity Name

CONSERVATION PROPERTIES, INCORPORATED

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90322 003 ***150.00

Principal Place of Business

P.O. BOX 38053
TALLAHASSEE FL 32315

Mailing Address

P.O. BOX 38053
TALLAHASSEE FL 32315

2. Principal Place of Business

2507 Callaway Rd
Suite, Apt. #, etc.
#101

3. Mailing Address

SAME
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Tallahassee FL

City & State

Zip

32303

Country

USA

Country

4. FEI Number

59-3126836

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACFARLAND, JAMES W.
2507 CALLOWAY RD
TALLAHASSEE FL 32303

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

JAMES W. MACFARLAND
2/2/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
MACFARLAND, JAMES W.
2507 CALLOWAY RD
TALLAHASSEE FL 32303 ☐ Delete

TITLE
NAME
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MACFARLAND, JAMES W.
2507 CALLOWAY RD
TALLAHASSEE FL 32303 ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
#101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
#101

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES W. MACFARLAND

2/2/01

3865263

CR2E034 (10/00)