

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90764 033 ***150.00

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DOCUMENT # M64374

1. Entity Name
THE SOUTH FLORIDA CONSERVATION CENTER, INC.



Principal Place of Business
% JOHN ANTON MASEMAN
3400 SPRING ST.
POMPANO BEACH FL 33062

Mailing Address
% JOHN ANTON MASEMAN
3400 SPRING ST.
POMPANO BEACH FL 33062



2. Principal Place of Business
5803 Maggiore Trail
Suite, Apt. #, etc.

3. Mailing Address
5803 Maggiore Trail
Suite, Apt. #, etc.
5803 MAGGIORE TRAIL

☒ CHECK HERE IF MAKING CHANGES

City & State
Zellwood, FL
Zip
32798-5307 Country
USA

City & State
ZELLWOOD FL
Zip
32798 Country
USA

4. FEI Number **65-0101839** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MASEMAN, JOHN ANTON
3400 SPRING ST.
POMPANO BEACH FL 33062

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **Director** **15 April 2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MASEMAN, JOHN ANTON**
STREET ADDRESS **3400 SPRING ST.**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Change ☐ Addition
NAME **5803 Maggiore Trail**
STREET ADDRESS **Zellwood, FL 32798**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MASEMAN, GAYNOR JACKSON**
STREET ADDRESS **3400 SPRING ST.**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Change ☐ Addition
NAME **5803 Maggiore Trail**
STREET ADDRESS **Zellwood, FL 32798**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DURANTE, RICHARD J.**
STREET ADDRESS **3400 SPRING ST #1**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Change ☐ Addition
NAME **5400 Sadler Rd., P.O. Box 1294**
STREET ADDRESS **Zellwood, FL 32798-1294**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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: *[Signature]* **John Maseman** **0** **15 April 2003** **407-884-8667**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)