

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2003 8:00 am
Secretary of State

05-05-2003 91794 049 ****61.25

DOCUMENT # N00000003532

1. Entity Name

BEATRICE CONOVER FOUNDATION, INC.

Principal Place of Business

119 8TH AVENUE
 LEHIGH ACRES FL 33936

Mailing Address

119 8TH AVENUE
 LEHIGH ACRES FL 33936

55048287

2. Principal Place of Business

10716 Parrot Cove Circle
 Suite, Apt. #, etc.

3. Mailing Address

10716 Parrot Cove Circle
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Estero, FL

City & State

Estero, FL

4. FEI Number

65-1017555

Applied For

Not Applicable

Zip

33928

Country

USA

Zip

33928

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CONOVER, ALAN G
 119 8TH AVENUE
 LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

10716 Parrot Cove Circle

City

Estero

FL

Zip Code

33928

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

Sherrie G. Conover

Signature, typed or printed name of registered agent and title if applicable

Sherrie H. Conover

(NOTE: Registered Agent signature required when reinstating)

4/30/03

DATE

FILE NOW: FEE IS \$61.25

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	D	CONOVER, BEATRICE W	<input type="checkbox"/> Delete
NAME		119 8TH AVENUE	
STREET ADDRESS		LEHIGH ACRES FL 33936	
CITY-ST-ZIP			
TITLE	D	CONOVER, ALAN G	<input type="checkbox"/> Delete
NAME		119 8TH AVENUE	
STREET ADDRESS		LEHIGH ACRES FL 33936	
CITY-ST-ZIP			
TITLE	D	CONOVER, SHERRIE G	<input type="checkbox"/> Delete
NAME		119 8TH AVENUE	
STREET ADDRESS		LEHIGH ACRES FL 33936	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10716 Parrot Cove Circle
STREET ADDRESS	Estero, FL 33928
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10716 Parrot Cove Circle
STREET ADDRESS	Estero, FL 33928
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10716 Parrot Cove Circle
STREET ADDRESS	Estero, FL 33928
CITY-ST-ZIP	
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	
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:

SIGNATURE REQUIRED

Sherrie H. Conover

Sherrie G. Conover

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)