

2002 UNIFORM BUSINESS REPORT (UBR)

5/21

FILED
Jul 08, 2002 8:00 am
Secretary of State

05-21-2002 91171 001 ****61.25

DOCUMENT # NO1000001347

1. Entity Name

THE FLORIDA CONSERVANCY, INC.

Principal Place of Business

625 MACY AVENUE
 LAKE HELEN FL 32744

Mailing Address

625 MACY AVENUE
 LAKE HELEN FL 32744

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3694865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FEATHER, ROBERT G
 625 MACY AVENUE
 LAKE HELEN FL 32744

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

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	PS D	<input type="checkbox"/> Delete
NAME	FEATHER, ROBERT G	
STREET ADDRESS	625 MACY AVENUE	
CITY-ST-ZIP	LAKE HELEN FL 32744	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANFAL, JAY	
STREET ADDRESS	625 MACY AVE.	
CITY-ST-ZIP	LAKE HELEN, FL 32744	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARK FEATHER	
STREET ADDRESS	P.O. Box 919	
CITY-ST-ZIP	TRENTON, FL 32693	
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 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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Robert G. Feather
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 Apr 02

Date

386-228-2825

Daytime Phone

CR2E037 (9/01)

Attachment NO1000001347
3801

Form **SS-4**

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN **04-3694865**

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested The Florida Conservancy Inc.		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name Robert G. Feather
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 625 MACY AVE.		5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code West Haven FL 32744		5b City, state, and ZIP code
	6 County and state where principal business is located Volusia FLORIDA		
7a Name of principal officer, general partner, grantor, owner, or trustee Robert G. Feather		7b SSN, ITIN, or EIN 267-74-2974	
8a Type of entity (check only one box)			
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent)			
<input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (SSN)			
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Trust (SSN of grantor)			
<input type="checkbox"/> Personal service corp. <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government			
<input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military			
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ ? <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises			
<input type="checkbox"/> Other (specify) ▶ Group Exemption Number (GEN) ▶			
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State	Foreign country
9 Reason for applying (check only one box)			
<input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Banking purpose (specify purpose) ▶			
<input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Changed type of organization (specify new type) ▶			
<input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business			
<input type="checkbox"/> Other (specify) ▶ Asked by State <input type="checkbox"/> Created a trust (specify type) ▶			
<input type="checkbox"/> Other (specify) ▶ Asked by State <input type="checkbox"/> Created a pension plan (specify type) ▶			
10 Date business started or acquired (month, day, year) Nov 2, 2001		11 Closing month of accounting year Dec	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) Don't know			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0-0."		Agricultural	Household
14 Check one box that best describes the principal activity of your business.		Other	
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker		<input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail	
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) Saving Raw Lands			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.			
Legal name ▶		Trade name ▶	
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.			
Approximate date when filed (mo., day, year)		City and state where filed	
		Previous EIN	
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name		Designee's telephone number (include area code)
	Address and ZIP code		Designee's fax number (include area code)
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (type or print clearly) ▶		Applicant's telephone number (include area code)	
		Applicant's fax number (include area code)	
Signature ▶		Date ▶	

Attachment

38611

Robert G. Feather
625 Macy Avenue
Lake Helen, FL 32744
Phone: 386-228-2825

July 2, 2002

Katherine Harris, Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: NO1000001347 THE FLORIDA CONSERVANCY, INC
P00000040225 VICTORIA PARK REALTY, INC
P99000052648 CENTRAL FLORIDA LAND COMPANY

Dear Madam:

Enclosed please find the items you have requested.

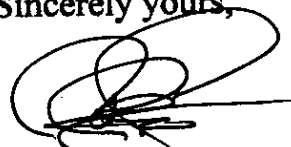
I have also enclosed copies of the three envelopes that the above requests came in. The date on the correspondence is May 30, 2002, however, the date on the envelopes, is June 5, 2002.

When I received your correspondence, I kept them in their envelopes and noted the date of June 5th and because usually the correspondence and its mailing date are the same, I thought I had 30 days from June 5th. Imagine my shock at discovering when I opened again the envelope and saw May 30, I had missed the deadline, and it would cost me hundreds more!!!!

I hope that you understand what happened. I hope I can get credit for it and not be required to pay the penalty. If I cannot, please let me know at your earliest convenience. I assure you it is an honest mistake. Thank you.

Have a beautiful day.

Sincerely yours,



Robert G. Feather

Attachment

101000001347

3801



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314

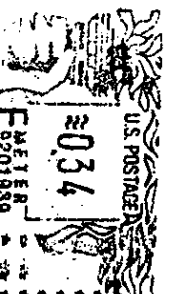
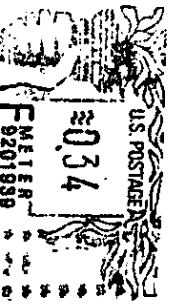
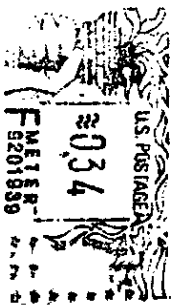
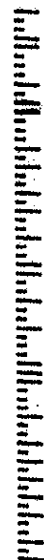


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS
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P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
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Tallahassee, Florida 32314

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3801

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 30, 2002

THE FLORIDA CONSERVANCY, INC.
625 MACY AVENUE
LAKE HELEN, FL 32744

Subject: **THE FLORIDA CONSERVANCY, INC.**

Reference Number: **N01000001347**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JG

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314