

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 20, 2002 8:00 am
Secretary of State

05-20-2002 90100 029 ****61.25

DOCUMENT # NO1000006747

1. Entity Name

GULF COAST CONSERVATION ASSOCIATION, INC.

Principal Place of Business

**556 TALLAMONT RD.
MONTICELLO FL 32344**

Mailing Address

**556 TALLAMONT RD.
MONTICELLO FL 32344**

2. Principal Place of Business

3. Mailing Address

584 Stebel Drive

P.O. Box 1202

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

White City, FL

City & State

Port St. Joe, FL

Zip

32465

Country

Gulf

Zip

32457

Country

Gulf

4. FEI Number

59-3754935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

2827 Yarmouth Court

City

Tallahassee

FL

Zip Code

32309

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D MAGLOTHIN, MARTHA**
STREET ADDRESS **PO BOX 104**
CITY-ST-ZIP **PORT ST. JOE FL 32457**

TITLE ☒ Change ☐ Addition
NAME **D maglothin, Martha**
STREET ADDRESS **584 Stebel Drive**
CITY-ST-ZIP **White City, FL 32465**

TITLE ☐ Delete
NAME **D HOOPER, CAROLYN**
STREET ADDRESS **4815 CAPE SAN BLAS RD.**
CITY-ST-ZIP **PORT ST. JOE FL 32456**

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

TITLE ☐ Delete
NAME **D MCKENZIE, LYNN**
STREET ADDRESS **283 MYRTLE DR.**
CITY-ST-ZIP **PORT ST. JOE FL 32456**

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

TITLE ☐ Delete
NAME **D ABRAMS, HARVEY A**
STREET ADDRESS **556 TALLAMONT RD.**
CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE ☒ Change ☐ Addition
NAME **D ABRAMS, HARVEY A.**
STREET ADDRESS **2827 Yarmouth Court**
CITY-ST-ZIP **Tallahassee, FL 32309**

TITLE ☐ Delete
NAME **D MCGEE, BILL**
STREET ADDRESS **6062 ANCHOR LN.**
CITY-ST-ZIP **PORT ST. JOE FL 32456**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 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: **Carolyn Hooper** **CAROLYN HOOPER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02
Date

850-229-9336
Daytime Phone #

CR2E037 (9/01)