

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

04-18-2003 90192 038 ****61.25

DOCUMENT # N02000001627

1. Entity Name

FLORIDA AIRBOAT & CONSERVATION TRUST, INC.



Principal Place of Business

PO BOX 3143
LAKE PLACID FL 33862

Mailing Address

PO BOX 3143
LAKE PLACID FL 33862

2. Principal Place of Business

3. Mailing Address

PO-Box 73

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lorida FL

City & State

City & State

Lorida Florida

Zip

Country

Zip

Country

33857

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALDRON, EUGENE E JR, ESQ
124 N. BREVARD AVE.
ARCADIA FL 34266

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, 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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CHILDS, SARAH	
STREET ADDRESS	PO BOX 3143	
CITY-ST-ZIP	LAKE PLACID FL 33862	
TITLE	D	<input type="checkbox"/> Delete
NAME	FENNELL, JERRY	
STREET ADDRESS	PO BOX 3143	
CITY-ST-ZIP	LAKE PLACID FL 33862	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, OLIN	
STREET ADDRESS	PO BOX 3143	
CITY-ST-ZIP	LAKE PLACID FL 33862	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, FLORENCE	
STREET ADDRESS	PO BOX 3143	
CITY-ST-ZIP	LAKE PLACID FL 33862	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAXWELL, JAMES	
STREET ADDRESS	PO BOX 3143	
CITY-ST-ZIP	LAKE PLACID FL 33862	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEVILLE, DONALD	
STREET ADDRESS	PO BOX 3143	
CITY-ST-ZIP	LAKE PLACID FL 33862	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Quirello	
STREET ADDRESS	197 S.W. 56th Terrace	
CITY-ST-ZIP	Cape Coral FL 33914	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Earl L Layport Jr	
STREET ADDRESS	PO-Box 73	
CITY-ST-ZIP	Lorida Florida 33857	
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 Lanny Tucker

4-16-03 863-655-9490

Date

Daytime Phone #

CR2E037 (10/02)