## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 20, 2000 8:00 am Secretary of State **DOCUMENT # N44106** 1. Entity Name 01-20-2000 90096 022 \*\*\*\*61.25 MYAKKA CONSERVANCY, INC. Principal Place of Business Mailing Address 4535 45TH CT 4535 45TH CT SARASOTA FL 34234 **SARASOTA FL 34234-4565** 00005879 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0307483 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) MORRIS, JULIE 4535 45TH CT SARASOTA FL 34234 Zip Code City 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) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete D TITLE TITLE ☐ Addition NAME MORRIS JULIE NAME STREET ADDRESS STREET ADDRESS 4535 45TH CT CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Addition ٧D □ Delete TITI F ☐ Change TITLE NAME LONGINO, B T BUSTER NAME STREET ADDRESS STREET ADDRESS RT 2, BOX 695 CITY-ST-7IP -CITY-ST-ZIP ARCADIA FL TITLE ☐ Delete TITLE PDAddition NAME ESTEVEZ. EERNEST D NAME STREET ADDRESS 1600 THOMPSON PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL **Addition** TITLE Delete TITLE Susan Grundu NAME WETHERINGTON, BILLY-NAME STREET ADDRESS 4837 SWIFT RD, #210 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP TITLE ☐ Delete Addition TITLE ☐ Change NAME ROSS, DONALD H NAME STREET ADDRESS STREET ADDRESS 18419 MEYER AVE CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL ☐ Delete ☐ Addition TITLE TITLE NAME CHEATHAM, ALTON NAME STREET ADDRESS STREET ADDRESS 1625 W MARIANNE AVE #4 CITY-ST-ZIP Punta Gorda Fl 33950

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 amortiment.

SIGNATURE:

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF PRECTOR

1-12-2000

FILED

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