

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90067 046 ****61.25

DOCUMENT # N44106
 1. Entity Name
MYAKKA CONSERVANCY, INC.

Principal Place of Business 1858 RINGLING BLVD SARASOTA FL 34236 US	Mailing Address 1858 RINGLING BLVD SARASOTA FL 34236 US
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0307483	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORRIS, JULIE 4535 45TH CT SARASOTA FL 34234	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MORRIS JULIE		NAME:	
STREET ADDRESS: 4535 45TH CT		STREET ADDRESS:	
CITY-ST-ZIP: SARASOTA FL		CITY-ST-ZIP:	
TITLE: VD	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LONGINO, B T BUSTER		NAME:	
STREET ADDRESS: RT 2, BOX 695		STREET ADDRESS:	
CITY-ST-ZIP: ARCADIA FL		CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ESTEVEZ, EERNEST D		NAME:	
STREET ADDRESS: 1600 THOMPSON PARKWAY		STREET ADDRESS:	
CITY-ST-ZIP: SARASOTA FL		CITY-ST-ZIP:	
TITLE: TD	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GRUNDY, SUSAN		NAME:	
STREET ADDRESS: 1858 RINGLING BLVD		STREET ADDRESS:	
CITY-ST-ZIP: SARASOTA FL 34236		CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ROSS, DONALD H		NAME:	
STREET ADDRESS: 18419 MEYER AVE		STREET ADDRESS:	
CITY-ST-ZIP: PORT CHARLOTTE FL		CITY-ST-ZIP:	
TITLE: DP	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CHEATHAM, ALTON		NAME:	
STREET ADDRESS: 1625 W MARIANNE AVE #4		STREET ADDRESS:	
CITY-ST-ZIP: PUNTA GORDA FL 33950		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 *[Signature]* 1/16/02 941 953 7441
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)