

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

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90144 029 *****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

90137622



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0307483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, JULIE
4535 45TH CT
SARASOTA, FL 34234

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 ☐ Delete
NAME MORRIS JULIE
STREET ADDRESS 4535 45TH CT
CITY-ST-ZIP SARASOTA, FL

TITLE VD ☐ Delete
NAME LONGINO, B T BUSTER
STREET ADDRESS RT 2, BOX 695
CITY-ST-ZIP ARCADIA, FL

TITLE D ☐ Delete
NAME ESTEVEZ, EERNEST D
STREET ADDRESS 1600 THOMPSON PARKWAY
CITY-ST-ZIP SARASOTA, FL

TITLE TD ☐ Delete
NAME GRUNDY, SUSAN
STREET ADDRESS 1858 RINGLING BLVD
CITY-ST-ZIP SARASOTA, FL 34236

TITLE D ☐ Delete
NAME ROSS, DONALD H
STREET ADDRESS 18419 MEYER AVE
CITY-ST-ZIP PORT CHARLOTTE, FL

TITLE DP ☐ Delete
NAME CHEATHAM, ALTON
STREET ADDRESS 1625 W MARIANNE AVE #4
CITY-ST-ZIP PUNTA GORDA, FL 33950

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
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 517, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)