

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90092 043 \*\*\*\*61.25

**DOCUMENT # N48637**

1. Entity Name

**FLORIDA CONSERVATION COUNCIL, INC.**

Principal Place of Business

Mailing Address

**2019 6TH AVE SO  
 LAKE WORTH FL 33461**

**2019 6TH AVE SO  
 LAKE WORTH FL 33461**

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

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SNYDER, ROBERT C  
 2019 6TH AVE SOUTH  
 LAKE WORTH FL 33461**

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

*Robert C Snyder*

**ROBERT C SNYDER**

**2-11-02**

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 LINLEY, GEORGE**  
 STREET ADDRESS **15140 71ST DRIVE NORTH**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL**

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

TITLE ☐ Delete  
 NAME **D WRIGHT, BISHOP**  
 STREET ADDRESS **15439 94TH STREET NORTH**  
 CITY-ST-ZIP **WEST PALM BEACH FL**

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

TITLE ☐ Delete  
 NAME **D BRADER, JOSEPH**  
 STREET ADDRESS **11295 ERA LANE**  
 CITY-ST-ZIP **LAKE WORTH FL**

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

TITLE ☐ Delete  
 NAME **P SNYDER, ROBERT**  
 STREET ADDRESS **2019 6TH AVENUE SOUTH**  
 CITY-ST-ZIP **LAKE WORTH FL 33461**

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

TITLE ☐ Delete  
 NAME **VSD WORRELL, TOM**  
 STREET ADDRESS **3350 NW 168 CT**  
 CITY-ST-ZIP **OKEECHOBEE FL 33461**

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

TITLE ☐ Delete  
 NAME **DT JONES, KITH**  
 STREET ADDRESS **1900 HIGH RIDGE ROAD**  
 CITY-ST-ZIP **LAKE WORTH FL 33462**

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:

*Robert C Snyder*

**ROBERT C. SNYDER**

**2-11-02**

CR2E037 (9/01)