

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000507

1. Entity Name

REDLAND CONSERVANCY, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90070 035 ****61.25

Principal Place of Business

4181 MALAGA AVENUE
MIAMI FL 33133

Mailing Address

BRENT PROBINSKY
31 N KROME AVENUE
HOMESTEAD FL 33030-6014
US

2. Principal Place of Business

633 North Krome Av.

3. Mailing Address

633 N. Krome Ave.

Suite, Apt. #, etc.

Homestead

Suite, Apt. #, etc.

Homestead

City & State

Florida

City & State

Florida

Zip

33030

Country
USA

Zip

33030

Country
USA

4. FEI Number

65-0390970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PROBINSKY, BRENT L
31 N. KROME AVENUE
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name

Probinsky, Brent

Street Address (P.O. Box Number is Not Acceptable)

633 N. Krome Avenue

City

Homestead

FL

Zip Code

33030

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PROBINSKY, BRENT L	
STREET ADDRESS	26650 SW 172 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTERS, REGINALD	
STREET ADDRESS	7300 SW 61ST STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIST, KARSTEN	
STREET ADDRESS	18014 SW 83RD COURT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRK, STEVE	
STREET ADDRESS	11241 S.W. 114 LANE CIRCLE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brent L Probinsky	
STREET ADDRESS	633 N. Krome Ave	
CITY-ST-ZIP	Homestead, FL 33030	
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		
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00

305
247-7200

CR2E037 (9/99)