2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N93000004940 Jul 28, 2000 8:00 am 1. Entity Name **Secretary of State** FLORIDA LEAGUE OF CONSERVATION VOTERS, INC. 07-28-2000 90002 018 ****61.25 Mailing Address Principal Place of Business 6408 STONE ST TRAIL 6408 STONE ST TRAIL TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address 6408 Stonestreet Tail Stone Street Track Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. NA 1 Applied For City & State City & State Number 59 3228800 llanassee FL 32308 Not Applicable \$8.75 Additional Country 32308 5. Certificate of Status Desired U5A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C. BROWN ess (P.O. Box Number is Not Acceptable) PARADISE, BRIAN 2831 WOOD VALLEY CT. JACKSONVILLE FL 32217 TALLAHASSEE 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. 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. П Added to Fees Department of State After September 13, 2000 min. will be \$236.25 : OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Change ☐ Addition 7 J. TITI F Delete TITLE HENDRICKSON, DAN NAME NAME STREET ADDRESS 3208 LANGLEY CIR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSE FL 32302 ☐ Addition ☐ Change ☐ Delete TITLE TITLE BROWN, NANCY C NAME NAME STREET ADDRESS STREET ADDRESS 6408 STONE ST TRAIL CITY-ST-ZIP CITY-ST-ZIE TALLAHASSEE FL 32308 Change ☐ Addition DT Delete TITLE TITLE PARADISE, BRÍAN 🛸 NAME NAMÉ 2831 WOOD VALLEY CT STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32217 CITY-ST-ZIP CITY-ST-7IP 500hia Metcalf Echange 5152 Conroy Road #1323 Addition SD Delete TITLE TITLE GRIMES, ROBERT NAME NAME STREET ADDRESS 2755 BEAUCLIRC RD. STREET ADDRESS orlando, FL 32811 CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL ☐ Addition Delete ☐ Change TITLE JONES BILL NAME NAME 2501/NW 21ST AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Qainesville FL 32605 ☐ Change ☐ Addition □ Delete TITLE PEPE, DON NAME NAME STREET ADDRESS STREET ADDRESS 823 CEDAR ST CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32207 12. I hereby certify that the information supplied with this filling 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 hment with an address, with all other like empowered

8506684772