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

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91437 025 ****66.25

DOCUMENT # N03000004940

1. Entity Name
FLORIDA League of Conservation Voters Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
317½ E. PARK Ave	PO Box 11033
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE	City & State: TALLAHASSEE
Zip: 32301 Country:	Zip: 32302 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3228800 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Brown, Nancy
Street Address (P.O. Box Number Is Not Acceptable): 6408 Stone Street Trail
City: TALLAHASSEE FL Zip Code: 32308

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: X Nancy C. Brown DATE: 5-1-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P Brown, Nancy 6408 Stone St Trail TALLAHASSEE FL 32308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Hendrickson, Dan 317 E. Park Ave Tallahassee, FL 32301
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Evans, Janice 1720 NW 81st Way Plantation, FL 33322
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Martin, Beka 3051 Cherry Blossom Ln Tallahassee FL 32312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robinson, Francin 2501 NW 21st Ave Gainesville FL 32605
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Paradise, Brian 2831 Wood Ct Jacksonville, FL 32217
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Dan Hendrickson V.P. DAN HENDRICKSON 4/30/03 850-385-6160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #