

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

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90070 019 ****70.00

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DOCUMENT # N95000000411

1. Entity Name

MILLSTONE INSTITUTE OF PRESERVATION, INC.



Principal Place of Business

**6500 OLD HILLSHORE PLANTATION
TALLAHASSEE FL 32312**

Mailing Address

**6500 OLD HILLSHORE PLANTATION
TALLAHASSEE FL 32312**

10090932



2. Principal Place of Business

6500 Old Millstone

3. Mailing Address **6500**

Old Millstone Plantation

Suite, Apt. #, etc.

Plantation Road

Suite, Apt. #, etc.

Road

CHECK HERE IF MAKING CHANGES

City & State

Tallahassee, Fl 32312

City & State

Tallahassee, Fl 32312

4. FEI Number **59-3317129**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARRIS, JAMES R
4400 P.G.A. BLVD., SUITE 900
PALM BEACH GARDENS FL 33410**

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 _____ (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	<input type="checkbox"/> Delete
NAME	PENTON, DAN	
STREET ADDRESS	4804 DEERRUN DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONRAD, KATHRYN	
STREET ADDRESS	ROUTE 31 BOX 198	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALDERMAN, JEAN	
STREET ADDRESS	13510 N.E. 224TH STREET	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARTUNG, CHIP	
STREET ADDRESS	HILLSTONE PLANTATION RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONRAD, JACK	
STREET ADDRESS	ROUTE 31 BOX 198	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOWERS, LEANNE	
STREET ADDRESS	MCCLURE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32304	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Zeiler, Leonard		
STREET ADDRESS	2220 Mandrell Ct.		
CITY-ST-ZIP	Tallahassee, Fl 32303		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Portman, Jennifer		
STREET ADDRESS	2106 E. Randolph Circle		
CITY-ST-ZIP	Tallahassee, Fl 32312		
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 REQUIRED **H. CONRAD** 4-28-03 850 648-2771

CR2E037 (10/02)