

2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # N97000002486

1. Entity Name

THE FLORIDA CONSERVATION LODGE FOUNDATION, INC.



FILED
Jun 16, 2000 8:00 am
Secretary of State

05-13-2000 90016 006 ****61.25

Principal Place of Business
15330 SE 55TH PL RD
OCKLAWAHA FL 32179

Mailing Address
15330 SE 55TH PL RD
OCKLAWAHA FL 32179-2764

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

59-3444098

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

BAKER, WILLIAM T
15330 SE 55TH PL RD
OCKLAWAHA FL 32179

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

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	D	<input type="checkbox"/> Delete
NAME	BAKER, WILLIAM T	
STREET ADDRESS	C/O 15330 SE 55TH PL RD	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, ROBIN	
STREET ADDRESS	C/O 15330 SE 55TH PL RD	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HENDERSON, CLAY	
STREET ADDRESS	C/O 15330 SE 55TH PL RD	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, ED	
STREET ADDRESS	C/O 15330 SE 55TH PL RD	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BASILLI, GIAN	
STREET ADDRESS	C/O 15330 SE 55TH PL RD	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MINDICK, ROBERT	
STREET ADDRESS	C/O 15330 SE 55TH PL RD	
CITY-ST-ZIP	OCKLAWAHA FL 32179	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, ED	
STREET ADDRESS	C/O 15330 SE 55TH PL RD	
CITY-ST-ZIP	OCKLAWAHA, FL 32179	
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)(f), 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:

William T. Baker

WILLIAM T. BAKER D & P 4.27.00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2007 (9/99)