

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003906

1. Entity Name

JUNIPER LAKE CONSERVANCY, INC.

Principal Place of Business

900 JUNIPER LAKE DR  
DEFUNIAK SPRINGS FL 32433

Mailing Address

900 JUNIPER LAKE DR  
DEFUNIAK SPRINGS FL 32433-3570

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number  
59-3528847

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

OWENS, LINDA K  
900 JUNIPER LAKE DR  
DEFUNIAK SPRINGS FL 32433

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.

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

TITLE PD  
NAME WOOD, SUSAN  
STREET ADDRESS 72 SERENITY CIR  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE TD  
NAME BUSH, BETTY  
STREET ADDRESS 78 SERENITY CIR  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE D  
NAME LAWYER, GORDON  
STREET ADDRESS 847 SQUIRREL RD  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE VD  
NAME BRYANT, DEWITT  
STREET ADDRESS 1133 US HWY 90 W  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE SD  
NAME OWENS, LINDA  
STREET ADDRESS 900 JUNIPER LAKE DR.  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE D  
NAME SMITH, MARY ANN  
STREET ADDRESS 363 BLACK BASS BLVD  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 or without other like empowered.

SIGNATURE:

*Signature of Linda K. Owens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jul 10, 2000 8:00 am  
Secretary of State

07-10-2000 90175 001 \*\*\*\*\*8.75

07-10-2000 90175 002 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)