

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005691

1. Entity Name

VIVA CONSERVATION FOUNDATION, INC.

Principal Place of Business

1431 POINCIANA AVE  
FT MYERS FL 33901

Mailing Address

P.O. BOX 2031  
FT MYERS FL 33902-2031

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

65-0795874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANTHONY, SUSAN  
1431 POINCIANA AVE  
FT MYERS FL 33901

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 PD ☐ Delete  
NAME MCCONNELL, JAMES H  
STREET ADDRESS 1195 MAIN STREET  
CITY-ST-ZIP FT MYERS BEACH FL 33931

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

TITLE VPD ☐ Delete  
NAME ANTHONY, SUSAN  
STREET ADDRESS 1431 POINCIANA AVE  
CITY-ST-ZIP FT MYERS FL 33901

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

TITLE EVPD ☐ Delete  
NAME SNIBBE, ROBERT  
STREET ADDRESS 5 PELICAN PLACE  
CITY-ST-ZIP BELLEAIR FL 34616

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

TITLE STD ☐ Delete  
NAME JACK, JAN  
STREET ADDRESS 8336 RIVIERA  
CITY-ST-ZIP FT. MYERS FL 33901

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

TITLE D ☐ Delete  
NAME MAREN, FRANCIS  
STREET ADDRESS 112 S. WILCOX  
CITY-ST-ZIP CASTLE ROCK CO 80104

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 22, 2000 8:00 am  
Secretary of State

05-22-2000 90007 037 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

4/28/00

SIGNATURE: SUSAN ANTHONY Vice President 941-338-5289