

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005691

1. Entity Name

VIVA CONSERVATION FOUNDATION, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90206 030 ****70.00

Principal Place of Business

1431 POINCIANA AVE
 FT MYERS FL 33901

Mailing Address

P.O. BOX 2031
 FT MYERS FL 33902

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 ADDRESS ONLY
 STREET ADDRESS CASA SANTOS #1
 CITY-ST-ZIP CALLE DE LOS REMEDIOS
 LA ANTIGUA, GUATEMALA, C.A.

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 8330 RIVERA
 CITY-ST-ZIP FT MYERS FL 33901

TITLE ☐ Change ☐ Addition
 NAME STD
 STREET ADDRESS IRAN FRANCIS NIGEN
 CITY-ST-ZIP 10308 MARSH HARBOR WAY, APT. 6
 RIVERVIEW, FL 33652

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 REQUIRED

011-502-
 04-21-01 832 6526

CR2E037 (10/00)