

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004536

1. Entity Name

EAST CENTRAL FLORIDA RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL, INC.

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90308 036 ****61.25

0012859

Principal Place of Business

Mailing Address

2012 E MICHIGAN ST
ORLANDO FL 32806

2012 E MICHIGAN ST
ORLANDO FL 32806

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

59-3523849

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

FRANCISCO, NICHOLAS
2431 PRINCESS CAROL CT
ORLANDO FL 32807

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
NAME FRANCISCO, NICHOLAS
STREET ADDRESS 2431 PRINCESS CAROL CT
CITY-ST-ZIP ORLANDO FL 32807 ☐ Delete

TITLE D/P
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME LIMMEL, LAWRENCE W
STREET ADDRESS 1025 W HARVARD ST
CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

TITLE D/S/T
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DST
NAME TAYLOR, PETER W
STREET ADDRESS 1765 HURON TRAIL
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

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

TITLE D
NAME TYSON, RICHARD
STREET ADDRESS 284 MORNING GLORY DR
CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

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

TITLE D
NAME ROBERTS, ROY III
STREET ADDRESS P.O. BOX 334
CITY-ST-ZIP SCOTTSMOOR FL 32775 ☐ Delete

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

TITLE D
NAME WHITE, J. MARION
STREET ADDRESS 2700 CELERY AVE
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

TITLE D/V
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 all other like empowered.

SIGNATURE:

Nicholas Francisco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICHOLAS FRANCISCO

4/18/02

407/896-0353

Date

Daytime Phone #

CR2E037 (9/01)