

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90853 010 ****61.25

DOCUMENT # N98000004536

1. Entity Name

EAST CENTRAL FLORIDA RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL, INC.



Principal Place of Business

**2012 E MICHIGAN ST
ORLANDO FL 32806**

Mailing Address

**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 **James Marion White**

Street Address (P.O. Box Number is Not Acceptable)

876 Cedar Run Cove

City **Longwood**

FL

Zip Code
32750

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James M. White

2/17/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D/V** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE **D** ☒ Delete
NAME **TAYLOR, PETER W**
STREET ADDRESS **1765 HURON TRAIL**
CITY-ST-ZIP **MAITLAND FL 32751**

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

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

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

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

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

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

TITLE **D/P** ☒ Change ☐ Addition
NAME
STREET ADDRESS **876 Cedar Run Cove**
CITY-ST-ZIP **Longwood, Florida 32750**

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:

James M. White

2/17/03

407/896-0353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)