## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # N98000006283 Feb 24, 2000 8:00 am Secretary of State JUG CREEK CONSERVATION CLUB, INC. 02-24-2000 90017 031 \*\*\*\*61.25 Mailing Address Principal Place of Business 200 S ORANGE AVE. STE 2810 200 S ORANGE AVE. STE 2810 ORLANDO FL 32801-3440 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3544719 Not Applicable Country \$8.75 Additional Zìp Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HARTLEY, CARL W JR 200 S ORANGE AVE, STE 2810 ORLANDO FL 32801 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11, 10. President & Director Defete TITLE ☐ Addition TITLE Hartley, Carl W Jr. NAME HARTLEY, CARL W JR NAME 200 S Orange Ave, Ste 2810 STREET ADDRESS STREET ADDRESS 200 S ORANGE AVE. STE 2810 CITY-ST-ZIP Orlando, FL 32801 CITY-ST-7IP ORLANDO FL 32801 Director TITLE ☐ Change \*\*Addition TA Delete TITLE n NAME NAME Lentz. James L Doug Connor STREET ADDRESS 3675 Parkway Drive STREET ADDRESS 3233 TINDALL ACRES ROAD CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34744 <u>Melbourne, FL 32934</u> ☐ Change ☐ Addition ☐ Delete TITLE TITLE HAMANN, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 230 BRUTON GREER HALL,U OF F CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32611** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Delete

Change

☐ Addition