## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9800006283 1. Entity Name JUG CREEK CONSERVATION CLUB. INC.

Country

6. Name and Address of Current Registered Agent

Principal Place of Business 200 S ORANGE AVE. STE 2810 Mailing Address

ORLANDO FL 32801

2. Principal Place of Business

HARTLEY, CARL W JR 200 S ORANGE AVE, STE 2810

ORLANDO FL 32801

Suite, Apt. #, etc.

City & State

Zip

200 S ORANGE AVE. STE 2810

ORLANDO FL 32801

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change TITLE ☐ Delete TITLE HARTLEY, CARL W JR NAME NAME STREET ADDRESS 200 S ORANGE AVE, STE 2810 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ☐ Addition ☐ Change ☐ Delete TITLE TITLE CONNOR, DOUG NAME NAME STREET ADDRESS STREET ADDRESS 3675 PARKWAY DRIVE CITY-ST-ZIP MELBOURNE FL 32934 CITY-ST-ZIP ☐ Change == ☐ Addition= TITLE TITLE Delete HAMANN, RICHARD NAME NAME 230 BRUTON GREER HALL,U OF F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32611** CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Country

Name

Jan 26, 2001 8:00 am <sup>3</sup> Secretary of State

**FILED** 

01-26-2001 90059 037 \*\*\*\*61.25

DO NOT WRITE IN THIS SPACE

59-3544719

7. Name and Address of New Registered Agent

4. FEI Number

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

5. Certificate of Status Desired

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Applied For

\$8.75 Additional

Zip Code

FL

Fee Required

Not Applicable