

DOCUMENT # N99000001582

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**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90004 019 \*\*\*\*70.00

1. Entity Name

NORTH EAST FLORIDA RESOURCE CONSERVATION AND DEV

Principal Place of Business

Mailing Address

14276 S.R. 51  
LIVE OAK FL 3206014276 S.R. 51  
LIVE OAK FL 32060

2. Principal Place of Business

21 PAINTED BUNTING

3. Mailing Address

21 PAINTED BUNTING

Suite, Apt. #, etc.

Suite, Apt. #, etc.

AMELIA ISLAND, FL

AMELIA ISLAND,

City &amp; State

City &amp; State

FERDINAND BEACH, FL

4. FEI Number

31-1654798

☒ Applied For☒ Not Applicable

Zip

Country

32034-6432

USA

Zip

Country

32034-6432

USA

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

BLEDSOE, BRANDY M  
14276 S.R. 51  
LIVE OAK FL 32060

Name

DANIEL P. BIERMAN

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

21 PAINTED BUNTING

AMELIA ISLAND

City

FL

Zip Code

32034-6432

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.

DANIEL P. BIERMAN

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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT D	<input type="checkbox"/> Delete
NAME	DANIEL P. BIERMAN	
STREET ADDRESS	21 PAINTED BUNTING	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034-6432	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	EDWARD T. MCCABE D	
STREET ADDRESS	6547 BEACHWOOD ROAD	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034-6432	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SECRETARY TREASUROR	<input type="checkbox"/> Delete
NAME	ARTHUR JACOBS D	
STREET ADDRESS	15 RED MAPLE	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034-6432	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: DANIEL P. BIERMAN

03/12/2000 904-261-9204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)