

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000003676**

1. Entity Name

SOUTH VENICE CONSERVATION ASSOCIATION, INC.**FILED****Jan 30, 2002 8:00 am**
Secretary of State

01-30-2002 90122 025 ****61.25

Principal Place of Business

**601 BAYSHORE BLVD. SUITE 650
TAMPA FL 33606**

Mailing Address

**601 BAYSHORE BLVD. SUITE 650
TAMPA FL 33606**

014110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3588838

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MEEHAN, JEFFREY B
601 BAYSHORE BLVD, SUITE 650
TAMPA FL 33606**

7. Name and Address of New Registered Agent

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FUNK, CHARLES B**
STREET ADDRESS **601 BAYSHORE BLVD, SUITE 650**
CITY-ST-ZIP **TAMPA FL 33606**TITLE **D** ☐ Delete
NAME **MEEHAN, JEFFREY B**
STREET ADDRESS **601 BAYSHORE BLVD, SUITE 650**
CITY-ST-ZIP **TAMPA FL 33606**TITLE **D** ☐ Delete
NAME **BEYCHOK, DAN**
STREET ADDRESS **601 BAYSHORE BLVD, SUITE 650**
CITY-ST-ZIP **TAMPA FL 33606**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 authority like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Charles B. Funk**1/11/02 (813) 251-1221**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)