2000 UNIFORM BUSINESS REPORT (UBR) 5/ FILED DOCUMENT # N99000005439 Jun 08, 2000 8:00 am Secretary of State THE PRIMATE CONSERVANCY, INC. 05-09-2000 90127 046 \*\*\*\*61.25 Principal Place of Business Malling Address 17408 CITRUS LANE 17406 CITRUS LANE BROOKSVILLE(FL 34610 BROOKSVILLE FL 34610-7807 自治性 的复数形式 ٠... -6.0 ,,,,, 2. Principal Place of Business QBACEDED & DE Mailing Address D. BOX. Suite: Apt. #/etc.miaic >5,00 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 📆 🖓 🖓 propagation Annaga . . . . City & State City & State 4. FEI Number ANDO'LAKES FL Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Dasco 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) WOMELDORPH, HOWARD R 7648 LOCKWOOD RIDGE RD. SARASOTA FL 34243 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) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be 21. Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 1 OFFICERS AND DIRECTORS 11. 10. <u>(e - 1.) ş</u> (66/6) Addition Delete TITLE TITLE NAME ZITO, MICHAEL JR. NAME **CR2E037** e grant ( L. Seria) STREET ADDRESS STREET ADDRESS 17406 CITRUS LANE CITY-ST-ZIP CITY-ST-ZIP 1. 1984 L BROOKSVILLE FL 34610 □ Change ☐ Addition TITLE Delete TITLE ZITO, AMBER N NAME NAME STREET ADDRESS STREET ADDRESS 17406 CITRUS LANE CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34610** ☐ Addition ☐ Change ☐ Delete TITLE NAME ZITO, MICHAEL SR. NAME STREET ADDRESS STREET ADDRESS 336 SAWGRASS PLACE CITY-ST-ZIP CITY-ST-ZIF CASTLEBERRY FL 32707 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIMILARY PARTY OF STATE OF STA

4/25/0

(813)979-0325