

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000094953

1. Entity Name

CONSERVATION EASEMENT AREA, INC. ✓

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90015 028 \*\*\*150.00

Principal Place of Business  
901 S FEDERAL HWY  
STE #101  
FT. LAUDERDALE FL 33316  
US

Mailing Address  
150 NORTH FEDERAL HIGHWAY  
SUITE 200  
FT. LAUDERDALE FL 33301

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
901 South Federal Highway  
Suite, Apt. #, etc.  
101

City & State  
Fort Lauderdale, FL

4. FEI Number  
Applied For

☒ Applied For  
☐ Not Applicable

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

Zip Country Zip Country  
33316 USA

6. Name and Address of Current Registered Agent

WILKES, JOHN P  
150 NORTH FEDERAL HIGHWAY  
SUITE 200  
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name  
WILKES, JOHN P.  
Street Address (P.O. Box Number is Not Acceptable)  
901 South Federal Highway  
Suite 101A  
City Fort Lauderdale FL Zip Code 33316

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOYNER, WILLIAMS A 901 S FEDERAL HWY STE 101 FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John P. Wilkes, Pres* 4/3/01 (954) 761-8330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #