

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000080281

1. Entity Name

VAULT - CANEY SWAMP CONSERVATION, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90046 008 ***150.00

Principal Place of Business 1301 RIVERPLACE BLVD STE 2552 JACKSONVILLE FL 32207 US	Mailing Address 1301 RIVERPLACE BLVD STE 2552 JACKSONVILLE FL 32207-9031 US
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2. Principal Place of Business 6950 Philips Highway Suite, Apt. #, etc. Suite 6 City & State Jacksonville, Florida Zip 32216 Country USA	3. Mailing Address 6950 Philips Highway Suite, Apt. #, etc. Suite 6 City & State Jacksonville, Florida Zip 32216 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3220368	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALLEN, LAURA H 1301 RIVERPLACE BLVD STE 2552 JACKSONVILLE FL 32207	7. Name and Address of New Registered Agent Name ALLEN, LAURA H Street Address (P.O. Box Number is Not Acceptable) 6950 Philips Highway Suite 6 City Jacksonville FL Zip Code 32216
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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: (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLEN, LAURA H 1301 RIVERPLACE BLVD, SUITE 2552 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLEN, LAURA H 6950 Philips Highway Suite 6 Jacksonville, Florida 32216 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT JOOS, WILLIAM J 1301 RIVERPLACE BLVD, SUITE 2552 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT Joos, William J 6950 Philips Highway Suite 6 Jacksonville, Florida 32216 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALLEN, JOHN J. 1301 RIVERPLACE BLVD., STE 2552 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Allen, John J 6950 Philips Highway Suite 6 Jacksonville, Florida 32216 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ROBINSON, RHODES I. 8711 PERIMETER PARK BLVD., SUITE 11 JACKSONVILLE FL 32256 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #