

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000050385

1. Entity Name

ECOSYSTEMS LAND MITIGATION BANK I CORPORATION

Principal Place of Business

1555 HOWELL BRANCH ROAD
WINTER PARK FL 32789-1109

Mailing Address

1555 HOWELL BRANCH ROAD
SUITE C-200
WINTER PARK FL 32789-1109
US

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

59-3336248

Applied For

Not Applicable

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

JURGENS, J A
505 WEKIVA SPRGS RD
SUITE 800
LONGWOOD FL 32779

Name

J. Lindsay Builder, Jr.

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

Graham, Clark, Jones, Builder, Pratt & Marks

369 N. New York Avenue

City

Winter Park

FL

Zip Code

32789

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)

4/12/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete

NAME MCCARTHY, D. MILLER

STREET ADDRESS 729 ALBA DRIVE

CITY-ST-ZIP ORLANDO FL

TITLE DVP ☐ Delete

NAME GERBER, WILLIAM E

STREET ADDRESS 1555 HOWELL BRANCH RD, #200

CITY-ST-ZIP WINTER PARK FL

TITLE DST ☐ Delete

NAME FICKETT, ALAN G

STREET ADDRESS 1555 HOWELL BRANCH RD STE C-200

CITY-ST-ZIP WINTER PARK FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

William E. Fickett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

407-629-7774

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE