

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742995

1. Entity Name

ENVIRONMENTAL STUDIES COUNCIL, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90049 018 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2900 NE INDIAN RIVER DR.  
JENSEN BEACH FL 34957

2900 NE INDIAN RIVER DR.  
JENSEN BEACH FL 34957-4934

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2209059

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

KOEBE, BRUCE A  
2477 NE DIXIE HWY  
JENSEN BCH FL 34957

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **VANCUREN, GENE L**  
CITY-ST-ZIP **1399 NW LAKESIDE TRAIL**  
**STUART FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME ~~SD~~  
STREET ADDRESS **MOORE, ADRIENNE**  
CITY-ST-ZIP **3218 S.E. ASTER LANE**  
**STUART FL**

TITLE ☒ Change ☐ Addition  
NAME **PD**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **CLARK, DENNIS**  
CITY-ST-ZIP **340 S E SEVILLE STREET**  
**STUART FL 34994**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **VD**  
STREET ADDRESS **BOND-SMITH, JODY**  
CITY-ST-ZIP **2421 SW FOXPOINT TRAIL**  
**PALM CITY FL**

TITLE ☐ Change ☒ Addition  
NAME **SDVD**  
STREET ADDRESS **DAGMAR BOTHWELL**  
CITY-ST-ZIP **309 SW RIDGE LA**  
**STUART, FL 34994**

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **DAIGNEAU, SHARYON**  
CITY-ST-ZIP **1457 RIVERSIDE DR**  
**STUART FL**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **SD**  
STREET ADDRESS **KATHLEEN PETERSON**  
CITY-ST-ZIP **267 FLAMINGO AVE**  
**STUART, FL 34996**

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.

SIGNATURE:

*Gene L Vancuren*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GENE L VANCUREN

TREASURER

4/22/00

561-622-0493

Date

Daytime Phone #

CR2E037 (9/99)