

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36369

1. Entity Name

GOVERNOR'S COUNCIL FOR SUSTAINABLE FLORIDA, INC.

FILED

Jan 27, 2000 8:00 am

Secretary of State

01-27-2000 90031 046 \*\*\*\*61.25

Principal Place of Business

2555 SHUMARD OAK  
ROOM 344A  
TALLAHASSEE FL 32399-2100  
US

Mailing Address

2555 SHUMARD OAK  
ROOM 344A  
TALLAHASSEE FL 32399-2100  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 10688

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

4. FEI Number

59-2989880

Applied For

Not Applicable

Zip

Country

32302

USA

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

CRAFT, JEREMY A  
1211 SPRINGHAUEN RD.  
TALLAHASSEE FL 32311

Name Donald H. Ross

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

Florida Environmental, Inc.

18505 Paulson Dr., Bldg. B

Port Charlotte

FL

Zip Code 33954

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

*Donald H. Ross*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-2000

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

See attached list

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOBBS, JULIUS 702 N. FRANKLIN ST. TAMPA FL 33601	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SIMPSON, PHIL 3701 NW 98TH ST. GAINESVILLE FL 32606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BENDICK, ROBERT L 222 S. WESTMONTE DR. STE. 300 ALTAMONTE SPGS. FL 32714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ROSS, DONALD H 18505 PAULSON DR. BLDG. B PORT CHARLOTTE FL 33954	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRAFT, JEREMY 1211 SPRINGHAUEN RD. TALLAHASSEE FL 32311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Donald H. Ross 18505 Paulson Dr. Bldg. B Port Charlotte, FL 33954	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP1 Gerry B. Doolittle 9485 Regency Square Blvd., Ste. 300 Jacksonville, FL 32225	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS analea Moore 4326 El Prado Boulevard, Ste 10 Tampa, FL 33629	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Michael G. Cooke 1 Harbour Island Place Tampa, FL 33601-3239	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP2 Phil Simpson 3701 N.W. 98th Street Gainesville, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP3 Jeremy Craft 1211 Springhaven Rd. Tallahassee, FL 32311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Donald H. Ross*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-2000

Date

Daytime Phone #

941624 2911

CR2E037 (9/99)