

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90313 042 \*\*\*\*61.25

**DOCUMENT # N36369**

1. Entity Name

**COUNCIL FOR SUSTAINABLE FLORIDA, INC.**

Principal Place of Business

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

Mailing Address

PO BOX 10688  
 TALLAHASSEE FL 32302  
 US

708309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1018 Thomasville Rd.

3. Mailing Address

Same as

Suite, Apt. #, etc.

Suite 1018

Suite, Apt. #, etc.

Above

City & State

Tallahassee, FL

City & State

4. FEI Number

59-2989880

Applied For

Not Applicable

Zip

32302

Country

Leon

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, DONALD H  
 FLORIDA ENVIRONMENTAL, INC.  
 18505 PAULSON DR., BLDG B  
 PORT CHARLOTTE FL 33954

7. Name and Address of New Registered Agent

Name

Same

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

Donald H. Ross

*Donald H. Ross*

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS, DONALD H 18505 PAULSON DR., BLDG. B PORT CHARLOTTE FL 33954	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DOOLITTLE, GUERRY B 9485 REGENCY SQUARE BLVD., STE 300 JACKSONVILLE FL 32225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MOORE, ANALEA 4326 EL PRADO BLVD., STE 10 TAMPA FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COOKE, MICHAEL G 1 HARBOUR ISLAND PLACE TAMPA FL 33601-3239	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SIMPSON, PHIL 3701 NW 98TH STREET GAINESVILLE FL 32606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CRAFT, JEREMY 1211 SPRING HAVEN RD TALLAHASSEE FL 32311	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Donald H Ross 2579 Toledo Blvd. Blvd North Port FL 34286	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Mary Lou Rajchel 1435 Piedmont Drive Suite 211 Tallahassee, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVA Caren Coleman 4400 Marsh Landing	<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 REQUIRED *Donald H. Ross* 1-16-00 901 426 7878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)