

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90063 018 *****70.00

UUU66106

DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000000868

1. Entity Name
 EVERGLADES OUTPOST INC. ✓

Principal Place of Business
 35601 SW 192 AV
 Florida City, FL
 US 33034

Mailing Address
 35601 SW 192 AV
 Florida City, FL
 US 33034

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

4. FEI Number
 65-0503733

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 FREER, ROBERT
 35601 SW 192 AV
 FLORIDA CITY, FL
 33034

7. Name and Address of New Registered Agent
 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 Rob Freer ROBERT W. FREER President Feb. 28, 2001
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	DP	<input type="checkbox"/> Delete
NAME	FREER ROBERT W.	
STREET ADDRESS	35601 SW 192 AV	
CITY-ST-ZIP	FLORIDA CITY, FL 33034	
TITLE	OV	<input type="checkbox"/> Delete
NAME	TANSEY BARBARA	
STREET ADDRESS	35601 SW 192 AV	
CITY-ST-ZIP	FLORIDA CITY, FL 33034	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWERS MELISSA	
STREET ADDRESS	35601 SW 192 AV	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	DTANSEY III T	<input type="checkbox"/> Delete
NAME	1021 So. Biscayne Rv. Dr.	
STREET ADDRESS	Miami FL 33169	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUCETT JOHN	
STREET ADDRESS	35601 SW 192 AV	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	D	<input type="checkbox"/> Delete
NAME	KILLIAN ALBERT	
STREET ADDRESS	35601 SW 192 AV	
CITY-ST-ZIP	FLORIDA CITY FL 33034	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Rob Freer ROBERT W. FREER Feb 28 2001 305 247 8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)