

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91450 049 ****61.25

007/056

DOCUMENT # **N93000000868**

1. Entity Name

EVERGLADES OUTPOST, INC.



Principal Place of Business

**35601 SW 192 AVE
FLORIDA CITY FL 33034
US**

Mailing Address

**35601 SW 192ND AVE
HOMESTEAD FL 33034
US**

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 **65-0503733**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FREER, ROBERT W JR
35601 SW 192 AVE
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	FREER, ROBERT W JR	
STREET ADDRESS	35601 SW 192ND AVE	
CITY-ST-ZIP	HOMESTEAD FL 33034	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TANSEY, BARBARA	
STREET ADDRESS	1021 S. BISCAYNE RIVER DR.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWERS, MELISSA	
STREET ADDRESS	35601 SW 192ND AVE	
CITY-ST-ZIP	HOMESTEAD FL 33034	
TITLE	D	<input type="checkbox"/> Delete
NAME	TANSEY, III T	
STREET ADDRESS	1021 S BISCAYNE RIVER DR	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOUCETT, JOHN	
STREET ADDRESS	35601 SW 192 AVENUE	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUCETT, JOHN	
STREET ADDRESS	35601 SW 192ND AVE	
CITY-ST-ZIP	HOMESTEAD FL 33034	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS DONALD	
STREET ADDRESS	35601 SW 192 AV	
CITY-ST-ZIP	Homestead FL 33034	
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: **SIGNATURE REQUIRED**

1 May 03 305 247 8000

CR2E037 (10/02)