

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

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90100 040 ****61.25

DOCUMENT # N94000000923

1. Entity Name

THE EVERGLADES FOUNDATION, INC.



Principal Place of Business

**11 DELEON AVE
ISLAMORADA FL 33036**

Mailing Address

**PO BOX 1915
ISLAMORADA FL 32036**

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 **59-3228899**

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

**BARLEY, M L
1919 ESPANOLA DRIVE
ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name **M. L. BARLEY**
Street Address (P.O. Box Number is Not Acceptable)
11 De Leon Avenue
City **Islamorada** FL Zip Code **33036**

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 *M. L. Barley*

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

(NOTE: Registered Agent signature required when reinstating)

January 14, 2003
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
SD	MILLS, JON C	2727 NW 58TH BLVD	GAINESVILLE FL 32806	<input type="checkbox"/>
D	BARLEY, M L	11 DELEON AVE	ISLAMORADA FL 33036	<input type="checkbox"/>
D	RUMBERGER, E THOM	9002 EAGLES RIDGE DR	TALLAHASSEE FL 32312	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
T/D	W. Douglas Pitts, Sr	701 Brickell Avenue	Miami FL 33131-2822	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VC/D	Nathanial P. Reed	P.O. Box 1213	Hobe Sound FL 33475	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C/D	M. L. Barley	11 DeLeon Avenue	Islamorada, FL 33036	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	William Riley	767 5th Avenue, 444 FL	New York, NY 10153	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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**

January 14, 2003 305/664-5398

CR2E037 (10/02)