

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003102

1. Entity Name

FRIENDS OF THE MUSEUM OF THE EVERGLADES, INC.

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90298 036 ****61.25

Principal Place of Business

MUSEUM OF THE EVERGLADES
105 BROADWAY
EVERGLADES CITY FL 34139
US

Mailing Address

P.O. BOX 677
EVERGLADES CITY FL 34139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0526773

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STEWART, JAMES C JR.
STEWART & STORTER, ATTORNEYS AT LAW
STE. 106, 1725 COUNTY RD. 951
GOLDEN GATE FL 33999

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME KURRLE, LEANNE
STREET ADDRESS 35 PLANTATION DR
CITY-ST-ZIP EVERGLADES CITY FL 34139

TITLE D ☐ Change ☒ Addition
NAME HELEN BRYAN
STREET ADDRESS 212 MAMIE ST
CITY-ST-ZIP CHOKOLOSKEE, FL 34138

TITLE SD ☐ Delete
NAME PORTZ, BARBARA
STREET ADDRESS 36 FLAMINGO DR
CITY-ST-ZIP EVERGLADES CITY FL 34139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DAVENPORT, CLAUDIA
STREET ADDRESS 209 RIVERSIDE DR
CITY-ST-ZIP EVERGLADES CITY FL 34139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME BROCK, JAN
STREET ADDRESS 17810 BURNS RD
CITY-ST-ZIP OCOPEE FL 34141

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME GREENMAN, WILLIAM
STREET ADDRESS 48 FLAMINGO DRIVE E
CITY-ST-ZIP EVERGLADES CITY FL 34139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME HENDERSON, CHERYL
STREET ADDRESS 209 RIVERSIDE DR.
CITY-ST-ZIP EVERGLADES CITY FL 34139

TITLE ☐ Change ☐ 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:

CLAUDIA DAVENPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/01

Daytime Phone #

941 695 2632

CR2E037 (10/00)