

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90039 006 \*\*\*\*61.25

0032931

**DOCUMENT # N96000002484**

1. Entity Name  
**LOXAHATCHEE PRESERVE NATURE CENTER, INC.**  
*dba Grassy Waters Preserve*

Principal Place of Business	Mailing Address
8264 NORTHLAKE BLVD. W PALM BEACH FL 33412	1764 N. CONGRESS AVENUE STE. 200 W. PALM BEACH FL 33409

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
<b>65-0675469</b>	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	<b>\$8.75</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HEARDEN, KENNETH**  
**1000 45TH ST**  
**W PALM BEACH FL**

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 \_\_\_\_\_ (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	<b>P</b> <b>GLEASON, PAT</b> <b>1131 N. PALMWAY</b> <b>LAKE WORTH FL 33460</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>STEIN, MIMI</b> <b>1764 N. CONGRESS AVENUE, STE. 200</b> <b>W PALM BEACH FL 33409</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GALE, MEG</b> <b>1726 N LAKESIDE DR</b> <b>LAKE WORTH FL 33460</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TREFRY, ALLEN</b> <b>14939 PALMWOOD ROAD</b> <b>PALM BEACH GARDENS FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: *Mimi Stein* **MIMI STEIN** *1/15/02* **561-687-0700**

CR2E037 (9/01)