

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91288 018 ***150.00

DOCUMENT # 186900

1. Entity Name

EVERGLADES, INC

Principal Place of Business

10021 SW 4564 ST
 Miami, FL 33165
 US

Mailing Address

P.O. Box 3006
 Key Largo, FL 33037
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0747995

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

A0067783

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Kesthen, Nelson C.
 9130 SOUTH DADE AVE BLVD
 STE 1511
 Miami, FL 33156

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

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LUNDEN, JACQUELINE A	
STREET ADDRESS	P.O. Box 3007	
CITY-ST-ZIP	Key Largo FL	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	LUNDEN, ELEANOR	
STREET ADDRESS	P.O. Box 3007	
CITY-ST-ZIP	Key Largo FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LUNDEN, HARRY	
STREET ADDRESS	P.O. Box 3007	
CITY-ST-ZIP	Key Largo FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDEN, JACQUELINE A	
STREET ADDRESS	P.O. Box 14490	
CITY-ST-ZIP	Kitty Hawk NC	
TITLE	SVDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDEN, ELEANOR	
STREET ADDRESS	612 Rock Harbor Dr	
CITY-ST-ZIP	Granbury TX	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDEN, HARRY	
STREET ADDRESS	612 Rock Harbor Dr	
CITY-ST-ZIP	Granbury TX	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY LUNDEN, PRES 4-22-01

Date

817-578-6646

CR2E034 (11/00)