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

MIAMI FL 33176

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

## DOCUMENT # 743350

1. Entity Name

MIAMI FL 33176

Principal Place of Business

2. Principal Place of Business

SCHROEDER, PETER

MIAMI FL 33176

11550 S.W. 108TH. COURT.

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

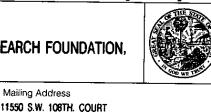
11550 S.W. 108TH, COURT

## SOUTH FLORIDA ENVIRONMENTAL RESEARCH FOUNDATION, INC.

Country

6. Name and Address of Current Registered Agent

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



## FILED Feb 24, 2003 8:00 am § Secretary of State

02-24-2003 90951 041 \*\*\*\*61.25

10027310,



DATE

Zip Code

8. The about an 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.

Country

Name

City

, , . ·

(NOTE: Registered Agent signature required when reinstating)

Street Address (P.O. Box Number is Not Acceptable)

9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition SCHROEDER, PETER NAME NAME STREET ADDRESS 11550 S.W. 108TH, CT. STREET ADDRESS CITY-ST-ZIF MIAMI FL CITY-ST-ZIP TITLE VD Delete TITLE ☐ Change ☐ Addition NAME POPE, ROBERT NAME STREET ADDRESS 15320 S.W. 256 STREET STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change ☐ Addition BLACK, SARAH NAME NAME STREET ADDRESS 14381 HORSESHOE TRACE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition BLACK, DAVID NAME NAME STREET ADDRESS 14381 HORSESHOE TRACE STREET ADDRESS CITY-ST-7IP WEST PALM BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition BROWDER, JOAN NAME NAME STREET ADDRESS 11550 SW 108 CT STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 suppliemental 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:

IIPETER SCHROEDER