

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 05, 2000 8:00 am
Secretary of State

05-16-2000 90161 016 ****61.25

DOCUMENT # 753095 *R*

1. Entity Name
GUMBO LIMBO NATURE CENTER OF SOUTH PALM BEACH CO

Principal Place of Business Mailing Address
1801 N OCEAN BLVD **1801 N OCEAN BLVD**
BOCA RATON FL 33432 **BOCA RATON FL 33432-1946**

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 **59-2015726** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GILBERT, GORDON J
1332 SW 12TH AVE
BOCA RATON FL 33432

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 *Gordon J Gilbert* DATE **4-17-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P <input type="checkbox"/> Delete
NAME	STURDY, LINDA
STREET ADDRESS	4869 N.W. 2ND TERR.
CITY-ST-ZIP	BOCA RATON FL
TITLE	VP <input type="checkbox"/> Delete
NAME	STEFFENS, HANK K
STREET ADDRESS	658 BERKLET ST.
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> Delete
NAME	LUTZ, BERT
STREET ADDRESS	2003 N. OCEAN BLVD.
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	D <input type="checkbox"/> Delete
NAME	RAYNOR, JANE
STREET ADDRESS	3310 S. OCEAN BLVD.
CITY-ST-ZIP	HIGHLAND BEACH FL 33487
TITLE	S <input type="checkbox"/> Delete
NAME	LEEDS, NANCY
STREET ADDRESS	7258 MONTRICO DR.
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	TD <input type="checkbox"/> Delete
NAME	DAVIDSON, LINDA
STREET ADDRESS	1031 NW 4TH ST
CITY-ST-ZIP	BOCA RATON FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hank Steffens
STREET ADDRESS	1153 Avocet Rd.
CITY-ST-ZIP	Delray Beach, FL 33444
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	

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** *Nancy K. Leeds* Date **6/21/00** Daytime Phone # **(561) 338-1473**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E007 (9/99)