

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90255 014 ****61.25

DOCUMENT # 753095

1. Entity Name

GUMBO LIMBO NATURE CENTER OF SOUTH PALM BEACH CO

Principal Place of Business

1801 N OCEAN BLVD
 BOCA RATON FL 33432

Mailing Address

1801 N OCEAN BLVD
 BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

7. Name and Address of New Registered Agent

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

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

1-23-01

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	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 BETTY RISTAU, VP	
STREET ADDRESS	1133 AVOCET DR. 12609 MAYPAN DR.	
CITY-ST-ZIP	DECRAY BEACH FL 33444 BOCA RATON, FL 33428	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVE BERT JUDY GIRE	
STREET ADDRESS	2009 N. OCEAN BLVD. 23121 VIA STEL	
CITY-ST-ZIP	BOCA RATON FL 33491 BOCA RATON, FL 33433	
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	

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	
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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:

Linda C. Davidson

1-29-01 561-338-1473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)