

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761234

1. Entity Name

AMERICAN WETLANDS RESEARCH FOUNDATION, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90106 037 \*\*\*\*61.25

Principal Place of Business

Mailing Address

95 LIGHTHOUSE DRIVE  
217 S ADAMS STREET  
JUPITER FL 33469

95 LIGHTHOUSE DRIVE  
217 S ADAMS STREET  
JUPITER FL 33469-3511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2459075

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNYDER, ROBERT M.  
95 LIGHTHOUSE DRIVE  
JUPITER FL 33469

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

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 PD ☐ Delete  
NAME SNYDER, ROBERT M.  
STREET ADDRESS 95 LIGHTHOUSE DRIVE  
CITY-ST-ZIP JUPITER FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME SNYDER, BEATRICE  
STREET ADDRESS 95 LIGHTHOUSE DRIVE  
CITY-ST-ZIP JUPITER FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MINGES, MARGARET  
STREET ADDRESS 234 SHELTER LN  
CITY-ST-ZIP JUPITER FL 33469

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SKILES, WES C  
STREET ADDRESS 5479 NE 56TH ST.  
CITY-ST-ZIP HIGH SPRINGS FL 32643

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BISSON, ROBERT  
STREET ADDRESS 206 S. LEE ST.  
CITY-ST-ZIP ALEXANDRIA VA 22314

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MINGES, JAMES  
STREET ADDRESS 234 SHELTER LN.  
CITY-ST-ZIP JUPITER FL 33469

TITLE ☐ Change ☐ 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:

Beatrice S. Snyder (561) 746-7290  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)