

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

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90067 028 ****61.25

DOCUMENT # 761234

1. Entity Name
AMERICAN WETLANDS RESEARCH FOUNDATION, INC.



Principal Place of Business

**95 LIGHTHOUSE DRIVE
217 S ADAMS STREET
JUPITER FL 33469**

Mailing Address

**95 LIGHTHOUSE DRIVE
217 S ADAMS STREET
JUPITER FL 33469**

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 **59-2459075**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SNYDER, ROBERT M.
95 LIGHTHOUSE DRIVE
JUPITER FL 33469**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SNYDER, ROBERT M.	
STREET ADDRESS	95 LIGHTHOUSE DRIVE	
CITY-ST-ZIP	JUPITER FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SNYDER, BEATRICE	
STREET ADDRESS	95 LIGHTHOUSE DRIVE	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINGES, MARGARET	
STREET ADDRESS	234 SHELTER LN	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKILES, WES C	
STREET ADDRESS	5479 NE 58TH ST.	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	D	<input type="checkbox"/> Delete
NAME	BISSON, ROBERT	
STREET ADDRESS	206 S. LEE ST.	
CITY-ST-ZIP	ALEXANDRIA VA 22314	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINGES, JAMES	
STREET ADDRESS	234 SHELTER LN.	
CITY-ST-ZIP	JUPITER FL 33469	

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 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	
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:

Beatrice Snyder, FVE

(561)746-7290

CR2E037 (10/02)