

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90331 023 ****61.25

DOCUMENT # F94000003496

1. Entity Name

SETAC FOUNDATION FOR ENVIRONMENTAL EDUCATION, IN C.

Principal Place of Business

Mailing Address

1010 NORTH 12TH AVE.
 PENSACOLA FL 32501

1010 NORTH 12TH AVE.
 PENSACOLA FL 32501

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

52-1704017

Applied For

Not Applicable

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

PARRISH, RODNEY
1010 NORTH 12TH AVE.
PENSACOLA FL 32501

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 **P** ☐ Delete
 NAME **MEHRLE, PAUL**
 STREET ADDRESS **BOX 708 N/A**
 CITY-ST-ZIP **GREENFIELD IN**

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

TITLE **ST** ☐ Delete
 NAME **MAYER, FOSTER L**
 STREET ADDRESS **ONE SABINE ISLAND DR**
 CITY-ST-ZIP **GULF BREEZE FL**

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

TITLE **D** ☐ Delete
 NAME **KENAGA, EUGENE DR.**
 STREET ADDRESS **1584 EAST PINE RIVER ROAD**
 CITY-ST-ZIP **MIDLAND MI 48640**

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

TITLE **D** ☐ Delete
 NAME **PARRISH, RODNEY**
 STREET ADDRESS **1010 NORTH 12TH AVE.**
 CITY-ST-ZIP **PENSACOLA FL 32501**

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

TITLE **PP** ☐ Delete
 NAME **BISHOP, WILLIAM**
 STREET ADDRESS **UNIVERSITY OF MISSISSIPPI N/A**
 CITY-ST-ZIP **UNIVERSITY MI**

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

TITLE **V** ☐ Delete
 NAME **GIESY, JOHN P**
 STREET ADDRESS **MICHIGAN STATE UNIVERSITY N/A**
 CITY-ST-ZIP **EAST LANSING MI**

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 of this report, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (9/01)

Signature Required 25 APR 22 850 1500