

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90053 047 ****61.25

DOCUMENT # N00000000301

1. Entity Name

THE FLORIDA SWAMPLANDS FOUNDATION, INC.

Principal Place of Business

Mailing Address

**C/O WILSON SMITH, STEEL HECTOR & DAVIS
200 S. BISCAYNE BLVD., STE. 4000
MIAMI FL 33131-2398**

**C/O WILSON SMITH, STEEL HECTOR & DAVIS
200 S. BISCAYNE BLVD., STE. 4000
MIAMI FL 33131-2398**

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

65-0976375

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

**SMITH, WILSON
200 S. BISCAYNE BLVD., STE. 4000
MIAMI FL 33131**

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 **D** ☐ Delete
NAME **SMITH, WILSON**
STREET ADDRESS **200 S. BISCAYNE BLVD., STE. 4000**
CITY-ST-ZIP **MIAMI FL 33131-2398**

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

TITLE **D** ☐ Delete
NAME **MIRMAN, BEVERLY**
STREET ADDRESS **14941 S.W. 238 ST.**
CITY-ST-ZIP **MIAMI FL 33111**

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

TITLE **D** ☐ Delete
NAME **SMITH, JUDY**
STREET ADDRESS **415 E. 11TH AVE.**
CITY-ST-ZIP **WINFIELD KS 67156**

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

TITLE **D** ☐ Delete
NAME **MIRMAN, CHARLES**
STREET ADDRESS **14941 S.W. 238 ST.**
CITY-ST-ZIP **MIAMI FL 33111**

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

TITLE **D** ☐ Delete
NAME **LARSON, LORI**
STREET ADDRESS **5213 S. CRESCENT DR.**
CITY-ST-ZIP **TAMPA FL 33611**

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

TITLE **D** ☐ Delete
NAME **GOLDMAN, RICHARD**
STREET ADDRESS **172 CAJEPUT DR.**
CITY-ST-ZIP **NAPLES FL 34108**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-9-02

Daytime Phone #

305-533-7633

CR2E037 (9/01)