

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

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90139 029 \*\*\*\*61.25

**DOCUMENT # N00000000301**

1. Entity Name

**THE FLORIDA SWAMPLANDS FOUNDATION, INC.**



Principal Place of Business

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

Mailing Address

**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. 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

**1.7.03**

**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

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

**1.7.03**

**305-577-7038**

CR2E037 (10/02)