

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001991

1. Entity Name

SAVE OKEECHOBEE SOIL, INC.

Principal Place of Business

55 EAST OCEAN BLVD.  
STUART FL 34994

Mailing Address

55 EAST OCEAN BLVD.  
STUART FL 34994

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GUY, WILLIAM E JR.  
55 EAST OCEAN BLVD.  
STUART FL 34994

4. FEI Number

65-1009737

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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.

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

TITLE PSTD  
NAME BURNSED, BRENDA K  
STREET ADDRESS 4409 S.E. BAYSHORE TERRACE  
CITY-ST-ZIP STUART FL 34994 ☐ Delete

TITLE VPD  
NAME BURNSED, JAMES A  
STREET ADDRESS 4409 S.E. BAYSHORE TERRACE  
CITY-ST-ZIP STUART FL 34994 ☐ Delete

TITLE D  
NAME BURNSED, KIMBERLY  
STREET ADDRESS 4409 S.E. BAYSHORE TERRACE  
CITY-ST-ZIP STUART FL 34994 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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:

Brenda K. Burnsed / BRENDA K. BURNSED

4-24-01 (561-) 287-5701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0084094

FILED  
Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90042 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE