

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000005952**1. Entity Name
STRUCTURAL ENGINEERS ASSOCIATION OF FLORIDA, INC.Principal Place of Business
5389 MARINA DRIVE
BOKEELIA FL 339223027
Mailing Address
5389 MARINA DRIVE
BOKEELIA FL 3392230272. Principal Place of Business
5389 MARINA DRIVE
Suite, Apt. #, etc.
3. Mailing Address
5389 MARINA DRIVE
Suite, Apt. #, etc.City & State
BOKEELIA FL
Zip
339223027
Country
US
City & State
BOKEELIA FL
Zip
339223027
Country
US4. FEI Number
Applied For
☒ Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMIDLAM LEWIS C
5389 MARINA DRIVE
BOKEELIA FL 339223027**7. Name and Address of New Registered Agent**Name
MIDLAM LEWIS C
Street Address (P.O. Box Number is Not Acceptable)
5389 MARINA DRIVE
City
BOKEELIA FL Zip Code
339223027

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 _____ DATE **04/28/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	BRIAN DEVRIES L	5389 MARINA DRIVE	BOKEELIA FL 33922		
D	MIDLAM ALICE A	5389 MARINA DRIVE	BOKEELIA FL 33922		
PD	MIDLAM LEWIS C	5389 MARINA DRIVE	BOKEELIA FL 33922		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lewis C. Midlam P **04/28/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)