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

FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90178 033 ****61.25

0035153

DOCUMENT # N00000006707

1. Entity Name
THE NATURE FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O JONES. FOSTER. JOHNSTON. ET AL. P.A. 505 SOUTH FLAGLER DRIVE. STE. 1100 WEST PALM BEACH FL 33401	C/O JONES. FOSTER. JOHNSTON. ET AL. P.A. 505 SOUTH FLAGLER DRIVE. STE. 1100 WEST PALM BEACH FL 33401

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
c/o Doane& Doane PA	c/o Doane & Doane PA
Suite, Apt. #, etc.: 2000 PGA Blvd. Suite 4410	Suite, Apt. #, etc.: 2000 PGA Blvd. Suite 4410
City & State: North Palm Beach FL	City & State: North Palm BEach FL
Zip: 33408 Country:	Zip: 33408 Country:

4. FEI Number NOT APPLICABLE ☐ 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
DOANE, REBECCA G C/O JONES, FOSTER, JOHNSTON, ET AL, P.A. 505 SOUTH FLAGLER DRIVE, STE. 1100 WEST PALM BEACH FL 33401	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 _____ DATE
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T THOBURN, THEODORE G COMERICA BK. 2401 PGA BLVD., STE. 198 PALM BEACH GARDENS FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CRITTENDEN, ELLEN H 2366 WILSEE ROAD PALM BEACH GARDENS FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HYLAND, WILLIAM J 4100 RCA BLVD., SUITE 100 PALM BEACH GARDENS FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DOANE, REBECCA G C/O JONES, FOSTER, P.O. BOX 3475 N/A WEST PALM BEACH FL 33402-3475	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OMURA, MARILYN K 11911 U.S. HIGHWAY ONE, SUITE 207 NORTH PALM BEACH FL 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FOCHT, LYNN M WATTERSON HYLAND, 4100 RCA BLVD, #100 PALM BEACH GARDENS FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 — Daytime Phone #