## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 25, 2002 8:00 am § DOCUMENT # N0100003866 **Secretary of State** 1. Entity Name 02-25-2002 90027 004 \*\*\*\*61.25 GUARDIANS OF THE SALT PONDS, INC. Principal Place of Business Mailing Address 1901 S ROOSEVELT BLVD, NO 205N 1901 S ROOSEVELT BLVD. NO 205N KEY WEST FL 33040 KEY WEST FL 33040 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-11012 City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Number is Not Accepta COLBURN, CAROL 1901 S ROOSEVELT BLVD, NO 205N KEY WEST FL 33040 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 $\Box$ Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (9/01 TITLE PD ☐ Delete TITLE Change Addition NAME CASH, CAROLINE NAME STREET ADDRESS STREET ADDRESS 2620 FOGARTY AVE CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 TITLE ☐ Delete TITLE Change ☐ Addition Draper, Russell STREET ADDRESS STREET ADDRESS 1901 S ROOSEVELT BLVD, NO 205N CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 SPENCER - PAUL TITLE NAME ... DRAPER, MARY 3724 SUNRISELANE STREET ADDRESS STREET ADDRESS 1901 S ROOSEVELT BLVD, NO 205N YEY WEST FL 33040 CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 TITLE Delete TITLE NAME COLBURN, CAROL NAME 708 BAKERSLANE STREET ADDRESS STREET ADDRESS 1901 S ROOSEVELT BLVD, NO 205N CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP