

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

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90176 041 ****61.25

DOCUMENT # NO1000003866

1. Entity Name

GUARDIANS OF THE SALT PONDS, INC.



Principal Place of Business

**1901 S ROOSEVELT BLVD. NO 205N
KEY WEST FL 33040**

Mailing Address

**1901 S ROOSEVELT BLVD. NO 205N
KEY WEST FL 33040**

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 **65-1101217**

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

**DRAPER, RUSSELL
1901 S ROOSEVELT BLVD, NO 205N
KEY WEST FL 33040**

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

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	Change	Addition
PD	CASH, CAROLINE	2620 FOGARTY AVE	KEY WEST FL 33040	<input type="checkbox"/>	<input type="checkbox"/>
VD	DRAPER, RUSSELL	1901 S ROOSEVELT BLVD, NO 205N	KEY WEST FL 33040	<input type="checkbox"/>	<input type="checkbox"/>
SD	SPENCER, PAUL	3724 SUNRISE LANE	KEY WEST FL 33040	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	SCHWARTZ, RICK	708 BAKERS LANE	KEY WEST FL 33040	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
SD	JERRY CASH	2620 FOGARTY AVE	KEY WEST FL 33040	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	CAROL COLBURN	1901 S. ROOSEVELT BLVD NO. 408N	KEY WEST FL 33040	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

2. 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:

Russell Draper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RUSSELL DRAPER 2-18-03 305.294.6931

CR2E037 (10/02)