

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006922

1. Entity Name

COMMUNITY ASSOCIATIONS FOR THE ENVIRONMENT, INC.

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90140 008 ****61.25

Principal Place of Business

124 BAY VIEW ISLE
ISLAMORAD FL 33036-3311

Mailing Address

124 BAY VIEW ISLE
ISLAMORAD FL 33036-3311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GARRISON, WAIN
124 BAY VIEW ISLE
ISLAMORAD FL 33036-3311

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	GABELSBERG, KATHY	
STREET ADDRESS	145 MILANO DR	
CITY-ST-ZIP	ISLAMORAD FL 33036	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KLEIN, BUDDY	
STREET ADDRESS	172 GALLEON RD	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	DST	<input type="checkbox"/> Delete
NAME	ZOMEK, DIANE	
STREET ADDRESS	101 MILANO DR	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

DIANE ZOMEK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-02

305-669-1044

CR2E037 (9/01)