


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

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90103 017 ****61.25

DOCUMENT # N02000002906

1. Entity Name
EVERGLADES HISTORIC CAMP OWNERS ASSOCIATION, INC



Principal Place of Business
**2900 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306**

Mailing Address
**2900 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**EAKIN, W. CRAIG ESQ.
2900 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent

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 _____ (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

TITLE	D	NAME	BRYAN, ALBERT	STREET ADDRESS	6510 SW 29TH ST.	CITY-ST-ZIP	MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE	D	NAME	BERGERON, RONALD M SR.	STREET ADDRESS	19612 SW 69TH PLACE	CITY-ST-ZIP	FT. LAUDERDALE FL 33332	<input type="checkbox"/> Delete
TITLE	D	NAME	WILMOTH, LARRY	STREET ADDRESS	5010 SW 188TH AVE.	CITY-ST-ZIP	SOUTHWEST RANCHES FL 33332	<input type="checkbox"/> Delete
TITLE	D	NAME	HAWKINS, STEVE	STREET ADDRESS	18353 40TH RUN NORTH	CITY-ST-ZIP	LOXAHATCHEE FL 33470	<input type="checkbox"/> Delete
TITLE	D	NAME	NEWELL, CLIFF	STREET ADDRESS	708 DIXIE LANE	CITY-ST-ZIP	W. PALM BCH FL 33415	<input type="checkbox"/> Delete
TITLE	D	NAME	MATTHEWS, GARY	STREET ADDRESS	17485 SW 245TH TERR.	CITY-ST-ZIP	HOMESTEAD FL 33031	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/P	NAME	Tom Schmidt	STREET ADDRESS	16107 89 Place North, Loxahatchee, FL	CITY-ST-ZIP	33740	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	NAME	Marilyn Newell	STREET ADDRESS	708 Dixie Lane	CITY-ST-ZIP	West Palm Beach, FL 33415	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	T	NAME	Joel Mainis	STREET ADDRESS	4820 SW 188 Avenue	CITY-ST-ZIP	SW Ranches, FL 33332	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D/VP	NAME	Cliff Newell	STREET ADDRESS	708 Dixie Lane	CITY-ST-ZIP	West Palm Beach, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<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)(l), 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: *Tom Schmidt* **2-4-03** **954-772-0772**

CR2E037 (10/02)