

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

**FILED**  
**Jul 23, 2003 8:00 am**  
**Secretary of State**

07-23-2003 90055 023 \*\*\*\*61.25

DOCUMENT # **NO2000004449**

1. Entity Name

*Environmental Facilities Administration and  
Management Foundation Inc.*

**DO NOT WRITE IN THIS SPACE**

**90145887**

2. Principal Place of Business

*10 N. Cypress Street*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Fellsmere FL*

City & State

4. FEI Number

*30-0102955*

Applied For

Not Applicable

Zip

*32948*

Country

*USA*

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name *Steve Ring*

Street Address (P.O. Box Number is Not Acceptable)  
*10 N. Cypress Street*

City *Fellsmere*

**FL**

Zip Code *32948*

**DO NOT WRITE  
IN THIS SPACE**

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

**FEE IS \$61.25**  
**Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD Frank Margiotha 10 N. Cypress Street Fellsmere, FL 32948</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SB Todd Jackson 10 N. Cypress Street Fellsmere, FL 32948</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TD Steve Ring 10 N. Cypress Street Fellsmere, FL 32948</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D W. C. Hart Rt. 3 Box 14 Mayo, FL 32066</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Roger Nordstedt 103 Frazier Rogers Hall Gainesville, FL 32611-0550</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Terry Hurst P.O. Box 165 Oxford, FL 34484-0165</i>	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

*7-21-03*

*(772) 571-0577*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)