

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90104 008 ****61.25

DOCUMENT # N02000005506



1. Entity Name
**THE SAM AND CHRISTINE TROPHIA BUTTERFLY RESEARCH
AND EDUCATION CENTER, INC.**

Principal Place of Business
**1316 DUVAL STREET
KEY WEST FL 33040**

Mailing Address
**1316 DUVAL STREET
KEY WEST FL 33040**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-0000023

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

**GARMAN, GUY
4747 HOLLYWOOD BLVD. #274
HOLLYWOOD FL 33021**

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	D	<input type="checkbox"/> Delete
NAME	TROPHIA, SAM JR	
STREET ADDRESS	1316 DUVAL STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	TROPHIA, SAM SR	
STREET ADDRESS	712 MASSENA AVENUE	
CITY-ST-ZIP	ROME NY 13440	
TITLE	D	<input type="checkbox"/> Delete
NAME	TROPHIA, CHRISTINE	
STREET ADDRESS	712 MASSENA AVENUE	
CITY-ST-ZIP	ROME NY 13440	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, GEORGE L	
STREET ADDRESS	1316 DUVAL STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDLEY, CRISTINA	
STREET ADDRESS	2018 HARRIS AVENUE	
CITY-ST-ZIP	KEY WEST STREET FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	WESTERLUND, MARY ANN	
STREET ADDRESS	907 WASHINGTON STREET	
CITY-ST-ZIP	KEY WEST FL 33040	

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

SAMUEL TROPHIA **SAMUEL TROPHIA** 4-22-3 305-296-2988

CR2E037 (10/02)