

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

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03-12-2003 90098 005 ****70.00

DOCUMENT # N08867

1. Entity Name

MARJORY STONEMAN DOUGLAS BISCAYNE NATURE CENTER, INC.



Principal Place of Business

6767 CRANDON BLVD
KEY BISCAYNE FL 33149
US

Mailing Address

6767 CRANDON BLVD
KEY BISCAYNE FL 33149
US

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 59-2549600

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANON, SAM
701 BRICKELL AVE
29TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: SAM--DANON
Street Address: 1111 Brickell Avenue
Suite 2500
City: Miami FL Zip Code: 33131

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

TITLE	P	<input type="checkbox"/> Delete
NAME	TILGHMAN, JAMES B JR	
STREET ADDRESS	ONE SE 3RD AVE SUITE 3000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHNICH, GRAHAM	
STREET ADDRESS	6014 BRICKELL KEY DR SUITE 6000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	S	<input type="checkbox"/> Delete
NAME	BAYER, KELLY	
STREET ADDRESS	99 SW 5TH STREET 4TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	T	<input type="checkbox"/> Delete
NAME	DIAZ, MARK	
STREET ADDRESS	1475 NW 12TH AVE	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHNWEID, IAN	
STREET ADDRESS	25 W FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRISON, CHARLES	
STREET ADDRESS	10450 SW 96 TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHRICH, GRAHAM	
STREET ADDRESS	601 BRICKELL KEY DR, STE 600	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYER, KELLY	
STREET ADDRESS	3141 COMMERCE PARKWAY	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, MARK	
STREET ADDRESS	PO BOX 016960 (DZ-4)	
CITY-ST-ZIP	MIAMI, FL 33101	
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		
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.

CR2037 (10/02)