

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90013 006 ****61.25

DOCUMENT # N29269

1. Entity Name

SAVANNAS RESERVE ENDOWMENT, INC.

Principal Place of Business

**9551 GUMBO LIMBO LANE
 JENSEN BEACH FL 34957**

Mailing Address

**9551 GUMBO LIMBO LANE
 JENSEN BEACH FL 34957**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

ST. LUCIE

Zip

Country

ST. LUCIE

4. FEI Number

65-0124775

Applied For

Not Applicable

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

**PAZARA, PAT RAY HOFMANN
 5901 CASSIA DR 2525 SE HALLHAN ST
 FT PIERCE FL 34982 PORT ST. LUCIE, FL. 34952**

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 **DT** ☒ Delete
 NAME **PAZARA, PAT**
 STREET ADDRESS **5901 CASSIA DR**
 CITY-ST-ZIP **FT PIERCE FL 34982**

TITLE **VPD** ☐ Change ☒ Addition
 NAME **AL SWANSON**
 STREET ADDRESS **1873 SE GASKINS CIRCLE**
 CITY-ST-ZIP **PORT ST. LUCIE, FL. 34952**

TITLE **D** ☐ Delete
 NAME **HERZOG, CAROL**
 STREET ADDRESS **9416 GUMBO LIMBO LN**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **TD** ☐ Change ☒ Addition
 NAME **JACK LITTEL**
 STREET ADDRESS **2425 SE HALLHAN ST**
 CITY-ST-ZIP **PORT ST. LUCIE, FL. 34952**

TITLE **PD** ☐ Delete
 NAME **HOFMANN, RAY**
 STREET ADDRESS **2525 SE HALLAHAN ST**
 CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE **LOISXGROFF - D** ☐ Change ☒ Addition
 NAME **2525 SE HALLHAN ST**
 STREET ADDRESS **PORT ST. LUCIE, FL. 34952**
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **SMALL, JANET**
 STREET ADDRESS **10213 S. INDIAN RIVER DR.**
 CITY-ST-ZIP **FT. PIERCE FL 34982**

TITLE **D** ☐ Change ☒ Addition
 NAME **JUDY COFFMAN**
 STREET ADDRESS **2101 SE HARLOW ST**
 CITY-ST-ZIP **PORT ST. LUCIE, FL. 34952**

TITLE **DS** ☐ Delete
 NAME **MAURSEY, HENRY**
 STREET ADDRESS **8404 GALLBERRY CIR**
 CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE **D** ☐ Change ☒ Addition
 NAME **BILL MORGAN**
 STREET ADDRESS **8416 GALLBERRY CIRCLE**
 CITY-ST-ZIP **PORT ST. LUCIE, FL. 34952**

TITLE **D** ☐ Delete
 NAME **SCHMIDT, JUDY**
 STREET ADDRESS **2400 S OCEAN DR**
 CITY-ST-ZIP **FT PIERCE FL 34949**

TITLE **D** ☐ Change ☒ Addition
 NAME **JOE HERZOG**
 STREET ADDRESS **9416 GUMBO LIMBO LANE**
 CITY-ST-ZIP **JENSEN BEACH, FL. 34957**

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)