

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N37700

FILED
Jan 17, 2002 8:00 AM
Secretary of State

Entity Name: SAWGRASS HERPETOLOGICAL SOCIETY, INC.

Current Principal Place of Business:

P.O. BOX 23189
FT. LAUDERDALE, FL 33307 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 23189
FT. LAUDERDALE, FL 33307 US

New Mailing Address:

FEI Number: 65-0210098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIPALMA, GARY
2433 N.E. 7TH AVENUE
WILTON MANORS, FL 33305 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DIPALMA, GARY,
Address: 2433 N.E. 7TH AVENUE
City-St-Zip: WILTON MANORS, FL 33305

Title: VD () Delete
Name: BRENNAN, MICHAEL
Address: 5472 N.E. 3 AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: D () Delete
Name: MASTROENI, VINCENT
Address: 1344 SILVERADO
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: ST () Delete
Name: BRENNAN, SANDY
Address: 5472 NE 3 AVE
City-St-Zip: FORT LAUDERDALE, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDY BRENNAN

ST

01/17/2002

Electronic Signature of Signing Officer or Director

Date