

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38152

1. Entity Name

FLORIDA ENVIRONMENTAL ASSESSORS ASSOCIATION, INC

Principal Place of Business

1608 METROPOLITAN CIRCLE  
SUITE B  
TALLAHASSEE FL 32308  
US

Mailing Address

P.O. BOX 38070  
TALLAHASSEE FL 32315  
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

65-0247657

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

JONES, EUGENE B  
1608 METROPOLITAN CIRCLE  
SUITE B  
TALLAHASSEE FL 32308

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 PD  
NAME HILFIKER, STEPHEN  
STREET ADDRESS 4131 5TH AVENUE SW  
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME HOUSTON, TOM  
STREET ADDRESS 3900 COMMONWEALTH BLVD. MS-315  
CITY-ST-ZIP TALLAHASSEE FL ☒ Delete

TITLE VD  
NAME Wendy Turri  
STREET ADDRESS 612 5th Avenue  
CITY-ST-ZIP DC 20001 FL ☐ Change ☒ Addition

TITLE SD  
NAME STOWE, DARREN  
STREET ADDRESS 5405 CYPRESS CENTER DR., STE. 200  
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME STEPHENS, ROBERT  
STREET ADDRESS 14409 N. NEBRASKA AVENUE, STE. A  
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90003 039 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)