

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45413

1. Entity Name

SURFRIDER FOUNDATION - SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

105 AVE DE LA ESTRELLA
#1
SAN CLEMENTE CA 92672

122 S EL CAMINO REAL
#67
SAN CLEMENTE CA 92672-4043

2. Principal Place of Business

120 1/2 S El Camino Real

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#207

City & State
San Clemente, CA

City & State

4. FEI Number

95-3941826

Applied For

Not Applicable

Zip

Country

Zip

Country

92672

USA

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

WALTHER, MICHAEL
3625 20TH ST.
VERO BEACH FL 32980

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 *Michael Walther*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-00

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 NAME STREET ADDRESS CITY-ST-ZIP	D COUSINEAU, MARK 1528 VIA TULIPAN SAN CLEMENTE CA 92673	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EARHART, JOHN 412 N. COAST HIGHWAY LAGUNA BEACH CA 92651	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATHEWAY, DARYL 10004 FOREST GROVE DR. SILVER SPRINGS MD 20902	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC STURCKEN, ELIZABETH 71 BARNARD AVE WATERTOWN MA 02172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WALTHER, MICHAEL 3625 20TH STREET VERO BEACH FL 32980	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FUJITA, MARTY 6125 ASPINWALL ROAD OAKLAND CA 94611	<input type="checkbox"/> Delete

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

Vice-Chair
Dan Orange
123 Walker Valley Rd.
Castroville, CA 95012-9733

President

Director

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

Michael Walther

Date

Daytime Phone #

(661) 562-8580

1-30-00

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED

Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90041 033 ****61.25