

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50263

1. Entity Name

EVERGLADES RESTORATION MOVEMENT INC.

Principal Place of Business

2215 NW 30TH PLACE
POMPANO BEACH FL 33069

Mailing Address

2215 NW 30TH PLACE
POMPANO BEACH FL 33069

2. Principal Place of Business
OLYMPIA LIGHTING

3. Mailing Address
2205 NW 30 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
POMPANO BEACH

City & State

Zip
33069

Country
USA

Zip

Country

4. FEI Number
65-0355074

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

Name Don McCune

Street Address (P.O. Box Number is Not Acceptable) 1275 SW 46 AV.

Apt. 409

City Pompano Beach

FL

Zip Code 33069

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

Chris Murch

5/20/03

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002
min. will be \$236.25

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	D	☒ Delete
NAME	GAREY, LOUIS A	
STREET ADDRESS	2215 N.W. 30 PLACE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	☒ Delete
NAME	KROPKE, CHARLES	
STREET ADDRESS	555 JEFFERSON DR., UNIT 103	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	☒ Delete
NAME	HEMINGWAY, SCOTT	
STREET ADDRESS	2215 N.W. 30 PL	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	☒ Delete
NAME	HILL, STELLAN	
STREET ADDRESS	2215 N.W. 30 PL	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	☐ Delete
NAME	CHRIS MURCH	
STREET ADDRESS	11321 NW 40 ST.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	D	☐ Delete
NAME	JUDD DUNAGEN	
STREET ADDRESS	1296 SW 4TH TERR.	
CITY-ST-ZIP	POMPANO BCH, FL 33060	

TITLE	D	☐ Change ☐ Addition
NAME	JOHN MCBRIDE	
STREET ADDRESS	633 SIESTA KEY CIRCLE	
CITY-ST-ZIP	DEERFIELD, FL 33441	
TITLE	D	☐ Change ☐ Addition
NAME	JONATHAN RODGERS	
STREET ADDRESS	4721 LINCOLN ST.	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	☐ Change ☐ Addition
NAME	BUDDY TOOLE	
STREET ADDRESS	11250 ORANGE DR.	
CITY-ST-ZIP	DAVIE, FL 33330	
TITLE	D	☐ Change ☐ Addition
NAME	CARL STEVEN SMITH	
STREET ADDRESS	6039 NW 16TH CT.	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S-2003

(954) 709-1461

Date

Daytime Phone

CR2E037 (4/02)

0006976

FILED

03 JUL -1 AM 8:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT DO NOT WRITE IN THIS SPACE 02-03