

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90081 015 \*\*\*\*61.25

**DOCUMENT # N50451**

1. Entity Name

**MONROE COUNTY ENVIRONMENTAL EDUCATION ADVISORY COUNCIL, INC.**



Principal Place of Business

**C/O SEACAMP ASSN., INC  
1300 BIG PINE AVE  
BIG PINE KEY FL 33043  
US**

Mailing Address

**C/O SEACAMP ASSN., INC  
1300 BIG PINE AVE  
BIG PINE KEY FL 33043-3336  
US**

**11028036**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0386780**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HOOVER, IRENE  
1300 BIG PINE AVE  
BIG PINE KEY FL 33043-3336**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>DIERSING, BRYANT</b>	
STREET ADDRESS	<b>20 N OCEAN DRIVE</b>	
CITY - ST - ZIP	<b>KEY LARGO FL 33037</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>TATGENHORST, JOY</b>	
STREET ADDRESS	<b>#371 69TH ST</b>	
CITY - ST - ZIP	<b>MARATHON FL 33050</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, MARY LEIGH</b>	
STREET ADDRESS	<b>2072 PALM BEACH RD</b>	
CITY - ST - ZIP	<b>BIG PINE KEY FL 33043</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>HOOVER, IRENE</b>	
STREET ADDRESS	<b>1300 BIG PINE AVE</b>	
CITY - ST - ZIP	<b>BIG PINE KEY FL 33043</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Dan Gallagher</b>	
STREET ADDRESS	<b>50173 Ferriere</b>	
CITY - ST - ZIP	<b>Gassy Key, FL 33050</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

**4/24/03**

**305-872-2331**

CR2E037 (10/02)