

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003705

1. Entity Name

THE FLORIDA BIODIVERSITY PROJECT, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90048 005 \*\*\*\*61.25

0065020

Principal Place of Business

7097 65 ST N  
PINELLAS PARK FL 33781  
US

Mailing Address

7097 65 ST N  
PINELLAS PARK FL 33781  
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

65-0441277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROUNLEY, ROBERT A  
7097 65TH ST. N  
PINELLAS PARK FL 34665

7. Name and Address of New Registered Agent

Name

*Rosalyn Scherf*

Street Address (P.O. Box Number is Not Acceptable)

*1060 Tyler St.*

City

*Hollywood*

FL

Zip Code

*33019*

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 *ROSALYN SCHERF*

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

(NOTE: Registered Agent signature required when reinstating)

*4/24/01*

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

TITLE **P** ☐ Delete  
NAME BROUNLEY, ROBERT  
STREET ADDRESS 7097 65TH ST. N  
CITY-ST-ZIP PINELLAS PARK FL 34665

TITLE **D** ☐ Delete  
NAME HUNT, BRIAN  
STREET ADDRESS 8791 CORKSCREW RD  
CITY-ST-ZIP ESTERO FL 33928

TITLE **S** ☐ Delete  
NAME SCHERF, BRIAN  
STREET ADDRESS 1060 TYLER ST  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE **D** ☐ Delete  
NAME MCCULLOM, LINDY  
STREET ADDRESS 7097 65TH ST. N  
CITY-ST-ZIP PINELLAS PARK FL 34665

TITLE **D** ☐ Delete  
NAME SCHERF, ROSALYN  
STREET ADDRESS 1060 TYLER ST  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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: *Rosalyn Scherf* ROSALYN SCHERF *4/24/01* *954*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)