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

FILED
Jun 02, 2002 8:00 am
Secretary of State
06-02-2002 90906 038 ****61.25

DOCUMENT # N93000003705

1. Entity Name
FLORIDA BIODIVERSITY PROJECT

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1060 TYLER ST.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 220615
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: HOLLYWOOD FL
Zip: 33019 Country: USA

City & State: Hollywood FL
Zip: 33022 Country: USA

4. FEI Number 650441277 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ROSALYN SCHERF

Street Address (P.O. Box Number is Not Acceptable): 1060 Tyler Street

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	D
NAME	BRIAN SCHERF
STREET ADDRESS	1060 Tyler ST.
CITY-ST-ZIP	Hollywood, FL 33019
TITLE	T S T
NAME	ROSALYN SCHERF
STREET ADDRESS	1060 Tyler ST.
CITY-ST-ZIP	Hollywood, FL 33019
TITLE	assistant T
NAME	ROBERT BROUNLEY
STREET ADDRESS	P.O.BOX 82
CITY-ST-ZIP	ORANGE LAKE, FL 32681
TITLE	
NAME	LINDY BROUNLEY Board Member
STREET ADDRESS	P.O. BOX 82
CITY-ST-ZIP	ORANGE LAKE, FL 32681
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rosalyn Scherf (T) 5/27/02 954-922-5828 954-772-1630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #