

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004102

1. Entity Name

SOUTH FLORIDA MOUNTAINEERS, INC.

FILED

Jan 16, 2002 8:00 am  
Secretary of State

01-16-2002 90067 020 \*\*\*\*70.00

Principal Place of Business

Mailing Address

2707 BIARRITZ DRIVE  
PALM BEACH GARDENS FL 33410  
US

PO BOX 32547  
PALM BEACH GARDENS FL 33420  
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

65-0439408

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

RACKLEY, MICHAEL  
2707 BIARRITZ DR  
PALM BEACH GARDEN FL 33410

Name

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

City

FL

Zip Code

4. 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

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 PD  
NAME RACKLEY, MICHAEL  
STREET ADDRESS 2707 BIARRITZ DR  
CITY-ST-ZIP PALM BEACH GARDENS FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME FORD, WILLIAM E III  
STREET ADDRESS ROUTE 3 BOX 93Z  
CITY-ST-ZIP CHARLES TOWN WV 25414

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD  
NAME CROWLEY, JAMES E  
STREET ADDRESS 8668 DOVERBROOK DR  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

☐ Delete

TITLE TD  
NAME CROWLEY, JAMES E.  
STREET ADDRESS 7056 PENINSULA COURT  
CITY-ST-ZIP LAKE WORTH, FL 33467

☒ Change

☐ Addition

TITLE DVS  
NAME WOLFE, DONALD L  
STREET ADDRESS 26 RIO VISTA DR  
CITY-ST-ZIP TEQUESTA FL 33469

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-02 561-357-8204

Date

Daytime Phone #

CR2E037 (9/01)