

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000004102

FILED
May 02, 2003
Secretary of State

Entity Name: SOUTH FLORIDA MOUNTAINEERS, INC.

Current Principal Place of Business:

2707 BIARRITZ DRIVE
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 32547
PALM BEACH GARDENS, FL 33420 US

New Mailing Address:

FEI Number: 65-0439408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RACKLEY, MICHAEL
2707 BIARRITZ DR
PALM BEACH GARDEN, FL 33410 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RACKLEY, MICHAEL
Address: 2707 BIARRITZ DR
City-St-Zip: PALM BEACH GARDENS, FL

Title: D () Delete
Name: FORD, WILLIAM E III
Address: ROUTE 3 BOX 93Z
City-St-Zip: CHARLES TOWN, WV 25414

Title: TD () Delete
Name: CROWLEY, JAMES E
Address: 7056 PUNINSULA
City-St-Zip: LAKE WORTH, FL 33467

Title: DVS () Delete
Name: WOLFE, DONALD L
Address: 26 RIO VISTA DR
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: VON GUSTEDT, ANDREW J
Address: 250 AUSTRALIAN AVENUE SOUTH
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW J. VON GUSTEDT

D

05/02/2003

Electronic Signature of Signing Officer or Director

Date