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Secretary of State
03-19-2002 90016 048 ****70.00

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

DOCUMENT # N93000004502

1. Entity Name
South Florida Resource Conservation & Development Council, Inc.

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15600 SW 288 ST.	15600 SW 288 ST.
Suite, Apt. #, etc. Suite 402	Suite, Apt. #, etc. Suite 402
City & State Homestead Florida	City & State Homestead Florida
Zip 33033 Country USA	Zip 33033 Country USA

4. FEI Number 65-0531530 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name James N. Hendrix

Street Address (P.O. Box Number Is Not Acceptable)
25399 SW 157th Avenue

City Homestead FL Zip Code 33031

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 James Hobe 7 [illegible] 3/06/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	James N. Hendrix, President 25399 SW 157 Avenue Homestead, Fl 33031.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	James E. Malloch, V. President 1100 Simonton Street, 2-257 Key West, Fl 33040
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Morgan Levy, Treasurer 9927 NW 52nd Terrace Miami, Fl 33178
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Patricia Crawley, Secretary 13483 NW 7th Street Plantation, Fl 33325
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: James Hobe 7 [illegible] 3/06/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #