FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 17, 2002 8:00 am Secretary of State DOCUMENT # N9400005202 07-17-2002 90137 007 ****66.25 SAVE OUR EVERGLADES ALLIANCE, INC. Principal Place of Business Mailing Address 11 DELEON AVENUE P.O. BOX 1915 ISLAMORADA FL 33036 ISLAMORADA FL 33036 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3293184 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARLEY, M.L. Street Address (P.O. Box Number is Not Acceptable) 11 DELEON AVENUE P.O. BOX 1915 ISLAMORADA FL 33036 City Zip Code 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to min. will be \$236.25. Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITI F ☐ Delete TITLE ☐ Change Addition NAME MILLS. JON L NAME STREET ADDRESS 2727 NW 58TH BLVD. STREET ADDRESS CITY-ST-7IP <u>Gainesville fl 32606</u> CITY-ST-ZIP TITLE CTD ☐ Delete TITLE Change ☐ Addition NAME BARLEY, M. L NAME STREET ADDRESS 11 DELEON AVENUE STREET ADDRESS CITY-ST-ZIP ISLAMORADA FL 33036 CITY-ST-ZIP TITLE SD ☐ Delete TITLE ☐ Change Addition NAME PATTERSON, GAIL C NAME STREET ADDRESS 6521 JOHN ALDEN WAY STREET ADDRESS CITY-ST-ZIP Orlando fl CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change

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.

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITI F

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

☐ Delete

July 14, 2002 3056645599

☐ Addition

☐ Addition

☐ Change