

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004781

1. Entity Name

FLORIDA STEWARDSHIP FOUNDATION, INC.

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90296 003 ****61.25

Principal Place of Business

621 N.W. 53RD STREET
SUITE 240
BOCA RATON FL 33487

Mailing Address

621 N.W. 53RD STREET
SUITE 240
BOCA RATON FL 33487

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

65-0616858

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLOCH, STUART E
2600 N. MILITARY TRAIL
4TH FLOOR
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name CRAIG EVANS

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

1230 NW 8TH ST

City BOCA RATON

FL

Zip Code 33486

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

CRAIG EVANS

1-31-01

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

TITLE D ☐ Delete
NAME CRAIG EVANS
STREET ADDRESS 1230 NW 8TH ST
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ Delete
NAME GLENN SIMPSON
STREET ADDRESS 5961 22ND AVE SW
CITY-ST-ZIP NAPLES F

TITLE D ☐ Delete
NAME TOM DYER
STREET ADDRESS 1609 CRYSTAL SPRINGS RD
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE D ☐ Delete
NAME FRANK WILLIAMSON JR.
STREET ADDRESS 9150 NE 12TH AVE
CITY-ST-ZIP OKEECHOBEE FL

TITLE D ☐ Delete
NAME ENGLISH, J EDWIN
STREET ADDRESS 4561 SPRINGVIEW DR
CITY-ST-ZIP LABELLE FL

TITLE D ☐ Delete
NAME ERINE CALDWELL
STREET ADDRESS 400 EAGLE LAKE LOOP RD
CITY-ST-ZIP WINTER HAVEN FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRAIG EVANS

1-31-01 (SGI) 995-1474

Date

Daytime Phone #

CR2E037 (10/00)