

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90149 021 \*\*\*\*61.25

**DOCUMENT # N95000004781**

1. Entity Name

**FLORIDA STEWARDSHIP FOUNDATION, INC.**

Principal Place of Business

Mailing Address

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

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

DUU2003U

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0616858**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**EVANS, CARLE CRAIG**  
 1230 NW 8TH STREET  
 BOCA RATON FL 33486

Name

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

City

**FL**

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.

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

TITLE **D** ☐ Change ☒ Addition  
 NAME **WILLIAM BAKER**  
 STREET ADDRESS **14350 SE 55 PLACE ROAD**  
 CITY-ST-ZIP **OCKLAHAWKA, FL 32179**

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

TITLE **D** ☐ Change ☒ Addition  
 NAME **PAULICK CARLTON**  
 STREET ADDRESS **PO BOX 568982**  
 CITY-ST-ZIP **ORLANDO, FL 32856**

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

TITLE **D** ☐ Change ☒ Addition  
 NAME **TADEFOOR III**  
 STREET ADDRESS **200 W COLLEGE AVE STE 308**  
 CITY-ST-ZIP **TALLAHASSEE, FL 32301**

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

TITLE **D** ☐ Change ☒ Addition  
 NAME **RON HAMEL**  
 STREET ADDRESS **PO BOX 1319**  
 CITY-ST-ZIP **LABELLE, FL 33975**

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

TITLE **D** ☐ Change ☒ Addition  
 NAME **CHARLES LITTLEJOHN**  
 STREET ADDRESS **310 W COLLEGE AVE**  
 CITY-ST-ZIP **TALLAHASSEE, FL 32301**

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

TITLE **D** ☐ Change ☒ Addition  
 NAME **GLINDA HUMISTON**  
 STREET ADDRESS **PO BOX 158**  
 CITY-ST-ZIP **RIO NIDO, CA 95471**

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

Date

Daytime Phone #

561  
 1-17-02 995-1474

CR2E037 (9/01)

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