

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003396

1. Entity Name

STEWARDS FOR THE SOUTHEAST FLORIDA AQUATIC PRESE

Principal Place of Business

1801 S.E. HILLMOOR DR., STE. C-204
PORT ST. LUCIE FL 34952

Mailing Address

1801 S.E. HILLMOOR DR., STE. C-204
PORT ST. LUCIE FL 34952-7574

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 28 AM 9:13

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

65-0833190

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHMIT, BRANDON S
1801 S.E. HILLMOOR DR., STE. C-204
PORT ST. LUCIE FL 34952

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 BAKER, RICHARD
STREET ADDRESS 200 9TH STREET SE
CITY-ST-ZIP VERO BEACH FL 32962

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

TITLE DP ☐ Delete
NAME WILLIAMS, STEVEN L
STREET ADDRESS 1801 S.E. HILLMOOR DRIVE, SUITE C-204
CITY-ST-ZIP PORT ST LUCIE FL 34952

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

TITLE DPE ☐ Delete
NAME DAY, ROBERT
STREET ADDRESS 1900 S. HARBOR CITY BLVD.
CITY-ST-ZIP MELBOURNE FL 32901

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

TITLE DT ☐ Delete
NAME LANDRUM, RICHARD
STREET ADDRESS 2646 SW MAPP ROAD
CITY-ST-ZIP PALM CITY FL 34990

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

TITLE DS ☐ Delete
NAME SCOTTO, LIBERTA
STREET ADDRESS P.O. BOX 1529 N/A
CITY-ST-ZIP PALM CITY FL 34991

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

TITLE D ☐ Delete
NAME WEINER, ROBERT
STREET ADDRESS 510 E. PRIMA VISTA BLVD.
CITY-ST-ZIP PORT ST. LUCIE FL

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:

Steven L. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 1, 2000 (561)398-2806

Date

Daytime Phone #