344-1679

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # N96000003396 FILFI STEWARDS FOR THE SOUTHEAST FLORIDA AQUATIC PRESE 03 JAN 24 AH 8: 00 RVES, INC. Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 9737 GUMBO LIMBO LANE 9737 GUMBO LIMBO LANE JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0833190 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FREGA, BILL Street Address (P.O. Box Number is Not Acceptable) 1061 SW AIROSO BLVD PORT ST. LUCIE FL 34983 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 the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE Change Addition BAKER, RICHARD NAME NAME 200 9TH STREET SE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32962 CITY_ST-ZIP Delete WILLIAMS, STEVEN L NAME NAME Robert A. Bergen 1801 S.E. HILLMOOR DRIVE, SUITE C-204 STREET ADDRESS STREET ADDRESS 143 SW Pisces Terrace CITY-ST-ZIP PORT ST LUCIE FL 34952 CITY-ST-ZIP Port St. Lucie, FL 34984 DPE TITLE ☐ Delete TITLE Change ☐ Addition DAY, ROBERT NAME 1900 S. HARBOR CITY BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 ☐ Delete TITLE Change ☐ Addition TITLE LANDRUM, RICHARD NAME NAME 2646 SW MAPP ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP Delete [] Change ☐ Addition TITLE TITLE SCOTTO, LIBERTA NAME NAME Sherwood Lee Mitchell P.O. BOX 1529 N/A STREET ADDRESS STREET ADDRESS 1837 SE Hideaway Circle CITY-ST-ZIP PALM CITY FL 34991 CITY-ST-ZIP Port St. Lucie. FL 34952-4814 TITLE TITLE Delete Change ■ Addition WEINER, ROBERT NAME NAME STREET ADDRESS 510 E. PRIMA VISTA BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL 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.



Department of Environmental Protection

Jeb Bush Governor

David B. Struhs Secretary

Office of Coastal and Aquatic Managed Areas Marjory Stoneman Douglas Building 3900 Commonwealth Boulevard, M.S. 235 Tallahassee, Florida 32399-3000

January 6, 2003

Mr. David Mann, Director Division of Corporations Department of State 409 East Gaines Street Tallahassee, Florida 32399

Dear Mr. Mann:

This letter is to certify that the Stewards for the Southeast Florida Aquatic Preserves, Inc. is a duly authorized Citizen Support Organization which is under contract to provide support for the Office of Coastal and Aquatic Managed Areas, Department of Environmental Protection, in accordance with section 370.0205, F.S.

Sincerely.

Kacky Andrews, Director

Office of Coastal and Aquatic Managed Areas Department of Environmental Protection