

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91176 005 ****61.25

DOCUMENT # N96000006046

1. Entity Name

**EVERGLADES AND AGRICULTURE PRESERVATION ASSOCIAT
ION, INC.**



Principal Place of Business

**27720 SW 197TH AVE
HOMESTEAD FL 33031**

Mailing Address

**23515 SW 162 AVE
HOMESTEAD FL 33031**

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 **65-0761000**

Applied For

Not Applicable

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

**ROBINSON, MARYANNETTE
23515 SW 162 AVE
HOMESTEAD FL 33031**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRIFFIN, COLLEN	
STREET ADDRESS	14600 SW 200TH STREET	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, FORREST	
STREET ADDRESS	21695 SW 320 ST	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MILLER, LLOYD	
STREET ADDRESS	27720 SW 197TH AVE	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNIGHT, GEOFFREY	
STREET ADDRESS	25000 SW 197TH STREET	
CITY-ST-ZIP	MIAMI FL 33031	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, MARY ANNETTE	
STREET ADDRESS	23515 SW 162ND AVE	
CITY-ST-ZIP	MIAMI FL 33031	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBINSON, SIDNEY	
STREET ADDRESS	23515 SW 162ND AVE	
CITY-ST-ZIP	MIAMI FL 33031	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mary Ann Robinson

4-28-03

305347-5511

CR2E037 (10/02)