2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004652

1. Entity Name

GERRY STUTZ INSTITUTE FOR ECOLOGICAL ALTERNATIVE

Principal Place of Business 2380 RIVEROALE DR. NO. MIRAMAR FL 33025

2. Principal Place of Business

changed, or on an attachment with an address,

Mailing Address

2380 RIVERDALE DR. NO. MIRAMAR FL 33025-3820

3. Mailing Address

FILED Jun 05, 2000 8:00 am Secretary of State

06-05-2000 90036 023 ****70.00



980 A	V.W. DOBTH FINE DE	980 N.W. NOVER	PILLE !	D/Z.]	MEN CALL COMP AND CONTRACT OR			A
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPA		
City & State		City & State	-	4. FEI Numbe	65-0785667			oplied For ot Applicable
3313E		73136	Country US A	5. Certificate	of Status Desired		3.75 Add	ditional
33.00	6. Name and Address of Current F	Registered Agent	1	7. Name and	Address of New Reg	istered Age	ent	
			Name •	D 44 4/44 1	12 (2)			
STUTZ, DOUGLAS 2380 RIVERSIDE DRIVE NORTH MIRAMAR FL 33025				Street siddress (R.O. Box Number is Not Acceptable) 138				
1441 6 446 47	1 5 00020		City	IAMI		FL	Zio God	36
8. The above	named entity submits this statement for	the purpose of changing its req	gistered office or	r registered agent, or bot	h, in the state of Florid	la.		-
SIGNATURE	Signature, typed or prined name of registered agent a	9. Election Campaign Fi	inancing	ure required when reinstating) \$5.00 May Be		Check Par	•	<u> </u>
	FEE IS \$61.25	Trust Fund Contribution	л. Ц	Added to Fees		ertment of		
10.	OFFICERS AND DIR	ECTORS	11.		ANGES TO OFFICERS			
TITLE NAME STREET ADDRESS	DP STUTZ, D R 2380 RIVENDALE DR N	☐ Delete	NAME STREET ADDRESS	57452, DR 980 NW NOI	ash river	***	Change	☐ Addition
CITY-ST-ZIP	MIRAMAR FL 33025		CITY-ST-ZIP	M. AMI, F.	633136		n/a	
TITLE NAME STREET ADDRESS	D SCHUH, SANDRA A 2380 RIVERDALE DR N	☐ Delete	STREET ADDRESS	SCHUH, SAPO 980 NW NO. -MIRHI, 17	DA A.	_	Change	Addition
CITY-ST-ZIP .	MIRAMAR FL 33025		CITY-ST-ZIP-	MIRKI, 13	4 33136	***	7.0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUTZ, D 13011 AUTUMN DR SILVER SPGS MD 20904	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		L] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OLEVELY OF OSCINED ESSE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
TITLE . NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition
indicated	Certify that the information supplied with I on this report or supplemental report is reporation or the receiver or trustee empo	true and accurate and that my :	signature shall h	have the same legal effec	st as if made under oa	th: that I am	an onicer	r or airector