2001 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2001 8:00 am DOCUMENT # N9700004652 **Secretary of State** 1. Entity Name GERRY STUTZ INSTITUTE FOR ECOLOGICAL ALTERNATIVE 02-21-2001 90054 035 ****61.25 Principal Place of Business Mailing Address 980 NW NORTH RIVER DR 980 NW NORTH RIVER DR MIAMI FL 33136 MIAMI FL 33136 2. Principal Place of Business 3. Mailing Address 35 N.W. N.W. Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State MIAMI City & State 4. FEI Number Applied For 65-0785667 Not Applicable Country \$8.75 Additional - -5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) STUTZ, DOUGLAS 980 NW NORTH RIVER SR #138 MIAMI FL 33136 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Addition ☐ Delete STUTZ. DR NAME NAME 835 MW. 7th St. 980 NW NORTH RIVER DR #138 STREET ADDRESS STREET ADDRESS MIAMI, FL 33 136 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33136** TH Change ☐ Addition TITLE ☐ Delete TITLE SCHUH, SANDRA A NAME NAME STREET ADDRESS 980 NW NORTH RIVER DR #138 - -STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33136** CITY-ST-ZIP MIAMI EV 33176 TITLE ☐ Delete TITLE Change Addition STUTZ. D NAME NAME STREET ADDRESS 13011 AUTUMN DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SILVER SPGS MD 20904 TITLE ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI E ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

AS C. Stister