2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9700005698 Jan 24, 2000 8:00 am 1. Entity Name **Secretary of State** SUSTAINABLE ENVIRONMENT FOUNDATION, INC. 01-24-2000 90036 011 ****70.00 Principal Place of Business Mailing Address 2285 COLONY CLUB DRIVE 2285 COLONY CLUB DRIVE LAKELAND FL 33813-5815 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional Fee Required Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JOHANNES, KENLON 2285 COLONY CLUB DRIVE LAKELAND FL 33813 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61,25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME JOHANNES, KENLON STREET ADDRESS STREET ADDRESS 2285 COLONY CLUB DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813-5815 Change ☐ Addition **PST** ☐ Delete TITLE TITLE NAME JOHANNES, JENNIFER NAME STREET ADDRESS STREET ADDRESS 2285 COLONY CLUB DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813-5815 Addition DV ☐ Delete TITLE [] Change TITI F NAME TEALL. RUSSELL NAME STREET ADDRESS STREET ADDRESS 111 SAGUARO LANE CITY-ST-ZIP CITY-ST-ZIP MARATHON KEY FL 33050 □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME TEALL, CHRISTY STREET ADDRESS STREET ADDRESS 111 SAGUARO LANE CITY-ST-ZIP CITY-ST-ZIP MARATHON KEY FL 33050 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE: SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

01-16-2000

863-619-1626