

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/19

FILED

Jun 10, 2002 8:00 am  
Secretary of State

05-19-2002 90230 028 \*\*\*\*70.00

DOCUMENT # N97000005698

1. Entity Name

SUSTAINABLE ENVIRONMENT FOUNDATION, INC.

Principal Place of Business

2285 COLONY CLUB DRIVE  
LAKELAND FL 33813  
US

Mailing Address

2285 COLONY CLUB DRIVE  
LAKELAND FL 33813-815  
US

2. Principal Place of Business

2200 Sue Avenue

Suite, Apt. #, etc.

3. Mailing Address

2200 Sue Avenue

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

32803

Country

USA

5. Certificate of Status Desired

NOT APPLICABLE

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHANNES, KENLON  
2285 COLONY CLUB DRIVE  
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name Gary Zeller

Street Address (P.O. Box Number is Not Acceptable)

2200 Sue Avenue

City

Orlando

FL

Zip Code

32803

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

Signature, typewritten 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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHANNES, KENLON 2285 COLONY CLUB DRIVE LAKELAND FL 33813-5815	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST JOHANNES, JENNIFER 2285 COLONY CLUB DRIVE LAKELAND FL 33813-5815	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TEALL, RUSSELL 111 SAGUARO LANE MARATHON KEY FL 33050	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEALL, CHRISTY 111 SAGUARO LANE MARATHON KEY FL 33050	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Kenlon Johannes 45542 130th Avenue Leng, NE 68643-5022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Johannes, Jennifer 45542 130th Avenue Leng, NE 68643-5022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Gary Zeller 2200 Sue Avenue Orlando, FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Kenlon Johannes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-2002

Date

800-328-7390

Daytime Phone #

CR2E037 (9/01)