## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # N9700006190 May 08, 2000 8:00 am Secretary of State THE SOUTHERN ESTUARY ASSOCIATION, INC. 05-08-2000 90098 003 \*\*\*\*61.25 Mailing Address Principal Place of Business 1391 ORANGE STREET 1391 ORANGE STREET CLEARWATER FL 33756-3512 CLEARWATER FL 33756-3512 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3478187 Not Applicable \$8.75 Additional Country Zip Country Zio 5. Certificate of Status Desired Fee Required 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) SCHERMERHORN, DAVID 1391 ORANGE STREET CLEARWATER FL 33756-3512 Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Secretar DPST ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME SCHERMERHORN, DAVID Rud Santa Anna Dr STREET ADDRESS STREET ADDRESS 1391 ORANGE STREET CITY-ST-ZIP CITY-ST-ZIP Dunedin FI. 34698 CLEARWATER FL 33756-3512 Director Change Addition Delete TITLE Victoria Edwards NAME NAME SIBERT, STEVE STREET ADDRESS 1616 Santa Anna STREET ADDRESS 315 COURT STREET CITY-ST-ZIP CITY-ST-ZIP Dunedin 34698 CLEARWATER FL 33756 ■Addition ☐ Change ☐ Delete TITLE TITLE Treasurer HEPBURN, TERRI NAME NAME Robert Mitchel STREET ADDRESS STREET ADDRESS 117 oakwood 249 WINDWARD PASSAGE CITY-ST-7IP CITY-ST-ZIP Largo 33770 **CLEARWATER FL 33767** ☐ Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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.