## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 18, $\overline{2002}$ 8:00 am DOCUMENT # **N9800001077 Secretary of State** Entity Name THE ARTHUR R. MARSHALL, JR. FOUNDATION AND FLORI 03-18-2002 90089 006 \*\*\*\*70.00 \*\*\*ENVIRONMENTAL INSTITUTE, INC. Principal Place of Business Mailing Address (SLME) MILAGLER DR. P.O. BOX 2620 PALM BEACH FL 33480 PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address 25 S. FLACLOR RUMP LLAZA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 4. FEI Number City & State City & State Applied For 65-0819331 Not Applicable Country \$8.75 Additional 汯 5. Certificate of Status Desired Fee Required 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) KEYSER & WOODWARD, P.A. — 501 ATLANTIC AVE. INTERLACHEN FL 32148 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE (9/01) ☐ Delete TITLE ☐ Change Addition MARSHALL, JOHN A NAME NAME STREET ADDRESS 525 S. FLAGLER DR #10C STREET ADDRESS CR2E037 CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH FL 33401 DIRECTOR (at large) TITLE Change ☐ Delete TITLE WILSON, SUSAN V NAME NAME STREET ADDRESS 5981 S. 81ST STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** Delete TITLE TITLE ☐ Change ☐ Addition NAME Keyser. Timothy NAME P.O. BOX 92 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INTERLACHEN FL 32148 CITY-ST-ZIP MD TITI E Delete TITLE PRESIDENT 💢 Change ☐ Addition MARSHAL, NANCY E NAME NAME STREET ADDRESS 525 S FLAGLER DR #106 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP DIRECTOR OF FINANCE DIRECTOR OF FINANCE | Change TITLE ☐ Delete TITLE JOSETTE GEORGE 47 WIND BROOKE CIRCLE NAME NAME JOSETTE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition 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 eath; 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:

JOHN A. MARSHALL MARCH 7, 2001

**FILED**