

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003514

1. Entity Name

EVERGLADES HABITAT PRESERVATION, INC.

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90076 030 *****70.00

Principal Place of Business

200 DIPLOMAT PKWY. #433
HALLANDALE FL 33009

Mailing Address

P.O. BOX 201
DANIA FL 33004

00008821



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

745 F Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

La Belle Florida

City & State

Zip

Country

33935

Hendry

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, CAROLYN
200 DIPLOMAT PKWY. #433
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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
D
THOMPSON, CAROLYN
200 DIPLOMAT PKWY
HALLANDALE FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FREDERICK, SANDY
1401 S OCEAN DR
HOLLYWOOD FL 33019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MILLIS-BLY, LANZ
10070 SW 17TH CT
DAVIE FL 33324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLYN THOMPSON 1-10-2001 863-612-1177

Date

Daytime Phone #

CR2E037 (10/00)