

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N98000003514

1. Entity Name  
**EVERGLADES HABITAT PRESERVATION, INC.**



**FILED**  
**Jun 05, 2003 8:00 am**  
**Secretary of State**

06-05-2003 90127 034 \*\*\*\*70.00

Principal Place of Business

**745 F ROAD  
LABELLE FL 33935**

Mailing Address

**P.O. BOX 201  
DANIA FL 33004**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**P.O. BOX 2326**

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**THOMPSON, CAROLYN**

**200 DIPLOMAT PKWY #499 745 F. ROAD  
HALLANDALE FL 33009 LABELLE, FL. 33935**

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D THOMPSON, CAROLYN  
200 DIPLOMAT PKWY  
HALLANDALE FL 33009**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D THOMPSON, CAROLYN  
745 F ROAD  
LABELLE, FL. 33935**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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NAME  
STREET ADDRESS  
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 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 lines empowered.

SIGNATURE: **CAROLYN THOMPSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5-15-03**  
Daytime Phone #: **(863) 612-1177**

CR2E037 (10/02)