

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

0015234

DOCUMENT # N98000004889

1. Entity Name

ENVIRO-ENERGY RESEARCH FOUNDATION, INC



FILED

03 JUN 16 PM 3: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

1811 ENGLEWOOD RD
181
ENGLEWOOD FL 34223

Mailing Address

1811 ENGLEWOOD RD., #181
ENGLEWOOD FL 34223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0875683

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AVRUTIS, THOMAS L ESQ.
889 N. WASHINGTON BLVD.
SARASOTA FL 34230

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
After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS STEVENS, DANA
CITY-ST-ZIP 327 WHISPERING OAKS CT
SARASOTA FL 34232

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600022358306
CITY-ST-ZIP 08/15/03--01061--022 **61.25

TITLE ☐ Delete
NAME D
STREET ADDRESS REEVE, SHAUN
CITY-ST-ZIP 1811 ENGLEWOOD RD., #181
ENGLEWOOD FL 34223

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

TITLE ☐ Delete
NAME D
STREET ADDRESS REEVE, MARGARET
CITY-ST-ZIP 1811 ENGLEWOOD RD., #181
ENGLEWOOD FL 34223

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

6/16/03 941 352 6202

CR2E037 (4/03)

TO WHOM IT MAY CONCERN

PLEASE ACCEPT THE ENCLOSED ANNUAL REPORTS AS THE FIRST
REPORTS WERE RETURNED BY THE POST OFFICE TO ME AS UNDELIVERABLE.
THANK YOU FOR ANY HELP YOU CAN OFFER.

SINCERELY

MARGARET REEVE