2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000005069

FILED Sep 12, 2002 Secretary of State

Entity Name: SOUTHWEST FLORIDA COUNCIL FOR ENVIRONMENT EDUCATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3450 ORTIZ AVENUE FORT MYERS, FL 33905 **Current Mailing Address: New Mailing Address:** P.O. BOX 1548 FORT MYERS, FL 33902 FEI Number: 65-0934097 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANDERSON, RICHARD 28760 BERMUDA BAY WAY.. #104 BONITA SPRINGS, FL 34134 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HAMMOND, WILLIAM DR Name: Name: 5456 PARKER DR Address: Address: City-St-Zip: FT MYERS, FL 33919 City-St-Zip: Title: PD () Delete Title: () Change () Addition ANDERSON, RICHARD DR Name: Name: Address: 28760 BERMUDA BAY WAY., #104 Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: Title: VD. () Delete Title: (X) Change () Addition YATES, DAVID ANDREWS, CHRISTINE P Name: Name: 1334 KINGSWOOD CT 743 MARTHAS LANE Address: Address: City-St-Zip: FT MYERS, FL 34135 City-St-Zip: SANIBEL, FL 33957 Title: SD () Delete Title: SD (X) Change () Addition MAIN, MARTIN Name: BARNES-BUCHANAN, BARBARA Name: 25548 FENNER CIRCLE UNIVERSITY OF FLORIDA IFAS Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: IMMOKALEE, FL 34142 Title: () Delete Title: VD (X) Change () Addition ROEDER, MICHAEL ROEDER, MICHAEL Name: Name: 2929 BONITA ST 2929 BONITA ST Address: Address: City-St-Zip: FT MYERS, FL 33901 City-St-Zip: FT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE P ANDREWS TD 09/12/2002