

2000 UNIFORM BUSINESS REPORT (UBR)

14/10/00

DOCUMENT # N98000005148

1. Entity Name

SOUTHEAST FLORIDA PRESERVATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -5 AM 8:03

Principal Place of Business

Mailing Address

20 NORTH SWINTON AVENUE
DELRAY BEACH FL 33444

P.O. BOX 1221
DELRAY BEACH FL 33447-1221



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

47-0425946

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

JOHNSON, JOHN
20 NORTH SWINTON AVENUE
DELRAY BEACH FL 33444

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME DC
STREET ADDRESS CURL, DONALD W DR
CITY-ST-ZIP 799 ST ALBANS DRIVE
BOCA RATON FL 33486

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

TITLE ☐ Delete
NAME DV
STREET ADDRESS TILLMAN, DORIS
CITY-ST-ZIP 106 SO DEPOT DR
FT PIERCE FL 34950

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

TITLE ☐ Delete
NAME DS
STREET ADDRESS BALDWIN, GINGER
CITY-ST-ZIP P.O. BOX 802
STUART FL 34995

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BRIGHT, J. REEVE
CITY-ST-ZIP 135 SE 5TH AVE, 2ND FL
DELRAY BEACH FL 33483

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CORNING, LAWRENCE
CITY-ST-ZIP 528 A CLEMATIS ST
WEST PALM BEACH FL 33401

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DICKENSON, KATHARINE
CITY-ST-ZIP 1240 COCOANUT ROAD
BOCA RATON FL 33432

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

AD

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: Donald W. Curl

4-25-2000

561-395-7430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

2 of 2

STATE OF FLORIDA

VOUCHER SCHEDULE

DATE

05/04/2006

S-W/Agency Voucher No.

OLO 450000

DEPARTMENT DEPARTMENT OF STATE

SITE DEPARTMENT OF STATE

000-0066-702

005308

M

COMPTROLLER ACCOUNT NUMBER	COMPTROLLER ACCOUNT NAME	INVOICE	INVOICE AMOUNT	OBJECT CODE	TRANS CODE	INCREASE AMOUNT	TRANS CODE	INCREASE AMOUNT
45101000134-45200000000-040000000	EXPENSES	INV: 000004365	61.25	4990	25	61.25	45	
15202130001-45300000000-00010000	FEES							61.
TRANSACTION TYPE: JOURNAL ADVICE					TOTAL	61.25	TOTAL	61.

I hereby certify that the above transactions are in accordance with the Florida Statutes and all applicable laws and rules of the State of Florida.

For State Comptroller's Use Only

APPROVED:

Michael A. Ky

Time In

Audited By

TITLE