

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005148

Entity Name

SOUTHEAST FLORIDA PRESERVATION, INC.

Principal Place of Business

20 NORTH SWINTON AVENUE  
DELRAY BEACH FL 33444

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0425946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JOHN  
20 NORTH SWINTON AVENUE  
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name

Bonnie B. Dearborn

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

20 North Swinton Avenue

City

Delray Beach

FL

Zip Code

33444

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 Bonnie B. Dearborn, Community Assistance Consultant, 01/08/02

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 KEITH, BARBARA 335 SE SIXTH AVENUE FT LAUDERDALE FL 33303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TILLMAN, DORIS 106 SO DEPOT DR FT PIERCE FL 34950	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BALDWIN, GINGER P.O. BOX 802 STUART FL 34995	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLINGTON, CHARLIE 1510 SIXTH ST WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEALY-GOLEMBE, PAT 19 ANDREWS AVENUE DELRAY BEACH FL 33483	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Alford, Janet McMillan 350 U.S. Hwy 1 Vero Beach, FL 32962	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Murphy, Janet G. 218 Almeria Rd West Palm Beach, FL 33405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Adams, Alto L. 26003 Orange Avenue Fort Pierce, FL 34945	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carr, Robert 2932 Myrtle Oak Circle Davie, FL 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Duncan, Susan 8206 South East Palm Street Hobe Sound, FL 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Haber, Merle 730 Coquina Ct. Boca Raton, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Janet McMillan Alford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet McMillan Alford ( 1/14/02 ) 561-794-0601

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JUL 17 PM 4:01

JAN 10 2002



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

0078016

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STATE OF FLORIDA OLO 450000 DEPARTMENT DEPARTMENT OF STATE SITE DEPARTMENT OF STATE		VOUCHER SCHEDULE JT-2		DATE 01/28/2002		S-W/Agency Voucher No. D20-0041-7570 004160 N	
COMPTROLLER ACCOUNT NUMBER COMPTROLLER ACCOUNT NAME INVOICE		CF INVOICE AMOUNT	OBJECT CODE	TRANS CODE	25	TRANS CODE	45
				INCREASE AMOUNT		INCREASE AMOUNT	
45101000132-4520010000-040000000 ADMINISTRATIVE SERVICES DIVISIO EXPENSES INV: 000003949		61.25	4990	61.25			
45502130001-4530010000-00010000 CORPORATIONS TRUST FUND DOS FEE S						61.25	
TRANSACTION TYPE: JOURNAL ADVICE			TOTAL		61.25	TOTAL 61.25	

WARRANT DATE \_\_\_\_\_  
DATE MAILED \_\_\_\_\_

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:

*Hal Condo*

Time In

Audited By

TITLE DIRECTOR, DIVISION OF ADMINISTRATIVE SERVICES