

2002 UNIFORM BUSINESS REPORT (UBR)

0011077

DOCUMENT # N98000005148

1. Entity Name

SOUTHEAST FLORIDA PRESERVATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG 26 PM 4:01

RECEIVED
7/24/02

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEARBORN, BONNIE B
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. 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

After September 13, 2002,
min. will be \$236.25.

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 D ☒ Delete
NAME KEITH, BARBARA
STREET ADDRESS 335 SE SIXTH AVENUE
CITY-ST-ZIP FT LAUDERDALE FL 33303

TITLE C ☒ Change ☐ Addition
NAME Alford, Janet McMillan
STREET ADDRESS 350 U.S. Hwy 1
CITY-ST-ZIP Vero Beach, FL 32962

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

TITLE VC ☒ Change ☐ Addition
NAME Murphy, Janet G.
STREET ADDRESS 218 Almeria Rd.
CITY-ST-ZIP West Palm Beach, FL 33405

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

TITLE D ☒ Change ☐ Addition
NAME Adams, Alto L.
STREET ADDRESS 26003 Orange Ave.
CITY-ST-ZIP Fort Pierce, FL 34945

TITLE D ☒ Delete
NAME ELLINGTON, CHARLIE
STREET ADDRESS 1510 SIXTH ST
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE D ☒ Change ☐ Addition
NAME Carr, Robert
STREET ADDRESS 2932 Myrtle Oak Circle
CITY-ST-ZIP Davie, FL 33328

TITLE D ☒ Delete
NAME HEALY-GOLEMBE, PAT
STREET ADDRESS 19 ANDREWS AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE D ☒ Change ☐ Addition
NAME Duncan, Susan
STREET ADDRESS 8206 South East Palm Street
CITY-ST-ZIP Hobe Sound, FL 33455

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME Haber, Merle
STREET ADDRESS 730 Coquina Ct.
CITY-ST-ZIP Boca Raton, FL 33432

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Janet McMillan Alford 7/29/02 561-784-0601

CR2E037 (4/02)

ATTACHMENT FOR ADDITIONAL OFFICERS AND DIRECTORS

Title Name Street Address City-St-ZIP	D Handley, Jan 4300 North East 25 th Avenue Fort Lauderdale, Florida 33308-4803	<input checked="" type="checkbox"/> Change
Title Name Street Address City-St-ZIP	D Henderson, Shawn Michelle 1629 SW 28 th Street Okeechobee, Florida 34974	<input checked="" type="checkbox"/> Change

STATE OF FLORIDA	VOUCHER SCHEDULE	DATE 08/21/2002	S-W/Agency Voucher No.
OLO 450000	JT-2		D30-0009-0857
DEPARTMENT DEPARTMENT OF STATE			000871
SITE DEPARTMENT OF STATE			M

COMPTROLLER ACCOUNT NUMBER	CF	OBJECT CODE	TRANS CODE	TRANS CODE
COMPTROLLER ACCOUNT NAME			25	45
INVOICE	INVOICE AMOUNT		INCREASE AMOUNT	INCREASE AMOUNT
45101000132-4520070000-040000000		4990	61.25	
ADMINISTRATIVE SERVICES DIVISIO				
EXPENSES				
INV: 000007516	61.25			
45502130001-4530010000-00010000				61.25
CORPORATIONS TRUST FUND DOS FEE				
S				
TRANSACTION TYPE: JOURNAL ADVICE			TOTAL	TOTAL
			61.25	61.25

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 Couch

Time In

Audited By