

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

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90095 032 \*\*\*\*61.25

**DOCUMENT # 701362**

1. Entity Name

**RICHEY MARINE TRAINING AND RESCUE GROUP, INC.**



Principal Place of Business

**3920 MARINE PARKWAY  
NEWPORT RICHEY FL 34652**

Mailing Address

**3920 MARINE PARKWAY  
NEWPORT RICHEY FL 34652**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2040641**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BROOKS, EUGENE  
10127 ARROW CREEK ROAD  
NEW PORT RICHEY FL 34655**

7. Name and Address of New Registered Agent

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

*Eugene Brooks*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/28/3**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **BROOKS, EUGENE F**  
STREET ADDRESS **10127 ARROW CREEK ROAD**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **D** ☐ Delete  
NAME **MORRIS, BERNARD**  
STREET ADDRESS **4908 MARLIN DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** ☐ Delete  
NAME **COVE, RICHARD**  
STREET ADDRESS **6311 BAYSIDE DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **VD** ☐ Delete  
NAME **FLORIO, FRANK**  
STREET ADDRESS **7821 ROTTINGHAM ROAD**  
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **D** ☐ Delete  
NAME **MCCONNELL, FRANKLIN J**  
STREET ADDRESS **8904 BARN OWL COURT**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **D** ☐ Delete  
NAME **QUACKENBUSH, KENNETH**  
STREET ADDRESS **4032 MARINE PARKWAY**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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: *Kenneth Quackenbush*

**3/25/3**

**(727) 848-3478**

CR2E037 (10/02)