

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

02-17-2003 90180 016 *****61.25
FILED 765220

DOCUMENT # 765220

1. Entity Name

PALM BEACH MARINE INSTITUTE, INC.



03 MAR -3 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5915 BENJAMIN CENTER DRIVE
TAMPA FL 33634

Mailing Address

5915 BENJAMIN CENTER DRIVE
TAMPA FL 33634

2. Principal Place of Business

Palm Beach Marine Institute Associated Marine Institutes

3. Mailing Address

Suite, Apt. #, etc.

same

Suite, Apt. #, etc.

13425 Ellison Wilson Rd

City & State

Juno Beach, FL

City & State

Zip

33408

Country

US

Country

4. FEI Number 59-2237919

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HULL, DAVID J SMITH, HULSEY & BOSEY
225 WATER ST STE 1800 (part of address)
TALLAHASSEE FL 32302

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

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOGATIN, RICHARD	
STREET ADDRESS	1635 WOODBRIDGE LAKES	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BUNN, JOSEPHINE	
STREET ADDRESS	148 SWEET BAY CIR	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	CD	<input type="checkbox"/> Delete
NAME	NEWELL, WARREN	
STREET ADDRESS	301 N. OLIVE AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHIDESTER, MICHAEL	
STREET ADDRESS	2601 N. FLAGLER #316	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	T	<input type="checkbox"/> Delete
NAME	STANDER, OB	
STREET ADDRESS	5915 BENJAMIN CENTER DR	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	BC	<input type="checkbox"/> Delete
NAME	SARTORY, RICK	
STREET ADDRESS	2401 PGA BLVD STE 198	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9282 Olmstead Dr.	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	States Hines	
STREET ADDRESS	4360 N. Lake Blvd., Ste. 206	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE RECORDED O.B. Stander 1/14/03 (813)887-3300

CR2E037 (10/02)