

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91489 040 ****61.25

DOCUMENT # 769841

1. Entity Name

MARINELIFE CENTER OF JUNO BEACH, INC

Principal Place of Business

Mailing Address

14200 US 1
 JUNO BCH FL 33408
 US

14200 US 1
 JUNO BCH FL 33408
 US

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

59-2445926

Applied For

Not Applicable

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

MILLER, MORRIS G
700 S FEDERAL HIGHWAY SUITE 200
BOCA RATON FL 33432

Name

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

1551 FORUM PLACE
BUILDING 200

City

WEST PALM BEACH

FL

Zip Code

33401

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 **D** ☐ Delete
 NAME **WYNEKEN, JEANETTE PHD**
 STREET ADDRESS **1033 CORAL DR.**
 CITY-ST-ZIP **BOYNTON BCH FL**

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

TITLE **SD** ☐ Delete
 NAME **ALDRICH, PETER J**
 STREET ADDRESS **2574 MONACO TERRACE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **PD** ☒ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **MILLER, MORRIS**
 STREET ADDRESS **2690 TOWEL DR.**
 CITY-ST-ZIP **PALM BCH GARDENS FL**

TITLE **SD** ☒ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VD** ☐ Delete
 NAME **PERKINS, WINNIFRED**
 STREET ADDRESS **12045 EDGEWATER DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33410**

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

TITLE **D** ☐ Delete
 NAME **DIMARCO, NANCY**
 STREET ADDRESS **401 GULF RD.**
 CITY-ST-ZIP **N. PALM BEACH FL**

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

TITLE **PD** ☐ Delete
 NAME **HARRIS, FRANK**
 STREET ADDRESS **400 SEASIDE LANE**
 CITY-ST-ZIP **JUNO BEACH FL 33408**

TITLE **D** ☒ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER J. ALDRICH

4-17-02 561-775-7797

CR2E037 (9/01)