

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-11-2001 90070 001 ****61.25

DOCUMENT # N00000007273

1. Entity Name

GLOBAL INTERACTIVE MARINE EXPERIENCES COUNCIL, I

LA

Principal Place of Business

Mailing Address

P.O. BOX 222982
 W PALM BEACH FL 33422-2982

P.O. BOX 222982
 W PALM BEACH FL 33422-2982

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

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

HARRIS, BOB L ESQ
 301 S BRONOUGH ST, STE 200
 TALLAHASSEE FL 32301-1722

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.

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
C	STEWART, JOHN	3951 N HAVERHILL RD, #215	W PALM BEACH FL 33417	<input type="checkbox"/> Delete
V	HARRIS, BOB L	301 S BRONOUGH ST, STE 200	TALLAHASSEE FL 32301-1722	<input type="checkbox"/> Delete
T	WATSON, NEAL	P.O. BOX 21766	FT LAUDERDALE FL 33335	<input type="checkbox"/> Delete
P	FRANKLIN, REGINA	3750 CONVOY ST, STE 310	SAN DIEGO FL 92111	<input type="checkbox"/> Delete
S	NADLER, JEFF	30151 TOMAS ST	RANCHO SANTA MARGARITA CA 92688	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bob L. Harris **BOB L. HARRIS** 4/30/01 850-222-3471

CR2E037 (10/00)