

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14761

1. Entity Name

THE SEA TURTLE PRESERVATION SOCIETY, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90039 009 ****61.25

Principal Place of Business

100 4TH AVE
 INDIALTANTIC FL 32903
 US

Mailing Address

PO BOX 510988
 MELBORNE BCH FL 32951-0988
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2856913

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARTENS, DARCY A
 2310 KING RICHARD ROAD
 MELBOURNE FL 32935

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	PD	<input type="checkbox"/> Delete
NAME	MARTENS, DARCY A	
STREET ADDRESS	2310 KING RICHARD ROAD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUGHES, DORI	
STREET ADDRESS	117 NIEMIRA AVENUE	
CITY-ST-ZIP	INDIALTANTIC FL 32903	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBERTS, DONALD R	
STREET ADDRESS	2511 FOREST DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WEST, ANN	
STREET ADDRESS	101 E. SUNNY LANE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, DIANE	
STREET ADDRESS	3375 MACMASTER PLACE	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	<input type="checkbox"/> Delete
NAME	OCASIO, LINDA	
STREET ADDRESS	1225 N. WICKHAM ROAD	
CITY-ST-ZIP	MELBOURNE FL 32935	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORGAN, RILEY	
STREET ADDRESS	PO BOX 360931	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input 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: Darcy Martens REQUIRE DARCY MARTENS January 26, 2000 (321) 249-1304
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)