

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90100 038 \*\*\*\*61.25

**DOCUMENT # N21746**

1. Entity Name

**THE NAUTILUS FOUNDATION, INC.**

Principal Place of Business

**THE NAUTILUS FOUNDATION  
 LLOYD CREEK RD  
 LLOYD FL 32337  
 US**

Mailing Address

**C/O COLLINS CENTER  
 PO BOX 1658  
 TALLAHASSEE FL 32302-1658  
 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

**59-2831678**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PETREY, RODERICK N  
 701 BRICKELL AVE  
 STE 3000  
 MIAMI FL 33131**

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.

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

TITLE **D**  Delete  
 NAME **BUCHER, FRANCOIS**  
 STREET ADDRESS **NAUTILUS DRIVE**  
 CITY-ST-ZIP **LLOYD FL 32337**

TITLE **DCPS**  Delete  
 NAME **PETREY, RODERICK N**  
 STREET ADDRESS **STE 3000 701 BRICKELL AVE**  
 CITY-ST-ZIP **MIAMI FL 33171**

TITLE **D**  Delete  
 NAME **APTHORP, JAMES W**  
 STREET ADDRESS **1008 N DALE MABRY STE D-117**  
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE **D**  Delete  
 NAME **EMBRY, JOEL**  
 STREET ADDRESS **1812 HIGHLAND DR**  
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Change  Addition  
 NAME **RUMBERGER, THOM**  
 STREET ADDRESS **P.O. BOX 10507, N.A**  
 CITY-ST-ZIP **TALLAHASSEE, FL 32302**

TITLE **D**  Change  Addition  
 NAME **AURELL, JANE COLLINS**  
 STREET ADDRESS **920 Live Oak Plantation Road**  
 CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 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)(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

Date

Daytime Phone #

*Roderick N. Petrey*  
**Roderick N. Petrey** President

4/30/00

CR2E037 (9/99)