

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90011 046 ****61.25

DOCUMENT # N41781
 1. Entity Name
ORLANDO MARINE INSTITUTE, INC.

Principal Place of Business Mailing Address

**6049 RANDOLPH ST.
 ORLANDO FL 32809** **ASSOCIATED MARINE INSTITUTES
 5915 BENJAMIN CENTER DRIVE
 TAMPA FL 33634-5239**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

59-3257953 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HULL, DAVID J
 AUSLEY LAW FIRM
 227 SOUTH CALHOUN ST.
 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.

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, ALEXANDER D	NAME	
STREET ADDRESS	111 N ORANGE AVE, STE 300	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VCT PELLEGRINI, LINDA	NAME	
STREET ADDRESS	5728 MAJOR BLVD., SUITE 300	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT SUBLETTE, WILLIAM	NAME	
STREET ADDRESS	2901 CURY FORD RD, SUITE 210	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T IOPPOLO, JR FRANK	NAME	
STREET ADDRESS	111 N ORANGE AVE, STE 2000	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T WASHINGTON, HERBERT L	NAME	
STREET ADDRESS	649 WEST LIVINGSTON STREET	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T MEARS, PAUL III	NAME	
STREET ADDRESS	324 WEST GORE STREET	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	CITY-ST-ZIP	

See attached list

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: **Robert J. Weaver** Date: **3/9/00** Daytime Phone #: **(813) 887-3300**

CR12E037 (9/99)

11781

Attachment #
00037055

Orlando Marine Institute, Inc.
Day Program
1461 South Lake Pleasant Road
Apopka, FL 32703
Phone (407)886-5405
FAX (407)886-7022

Orlando Marine Institute, Inc.
SAFE Program
6049 Randolph Street
Orlando, FL 32809
Phone (407)858-9648
FAX (407)855-8614

Board of Trustees

Officers

Chairman: Mr. Roger Chapin
Vice Chair: Ms. Linda Pellegrini
Secretary: Mr. Matthew Smith

Mr. Alexander Duncan Butler
946 South Bumby Avenue
Orlando, FL 32806
Phone (407)228-6883
Work (407)423-0346
E-Mail: Dfarmer@magicnet.net

Mr. Matthew S. Smith
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E-Mail: Bweaver@ami-fl.org

Mr. Roger E. Chapin
Mears Transportation
324 West Gore Street
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Greenberg & Traurig
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cc: Acostae@gtlaw.com

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E-Mail: rstephenson@bborlando.com

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Walt Disney Attractions, Inc.
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FAX (407)897-4389
E-Mail: sublette.bill@leg.state.fl.us or
fernandezjason@leg.state.fl.us