

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90784 026 ****61.25

DOCUMENT # N41781

1. Entity Name

ORLANDO MARINE INSTITUTE, INC.

Principal Place of Business

Mailing Address

1461 LAKE PLEASANT ROAD
 APOPKA FL 32703

1461 LAKE PLEASANT ROAD
 APOPKA FL 32703

2. Principal Place of Business

3. Mailing Address

Associated Marine Institutes

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5915 Benjamin Center Dr.

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33634

USA

4. FEI Number

59-3257953

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

7. Name and Address of New Registered Agent

**HULL, DAVID J
 SMITH, HUSLEY, & USEY
 225 WATER STREET, STE. 1800
 JACKSONVILLE FL 32202**

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 Delete
 NAME **TR SMITH, MATTHEW S**
 STREET ADDRESS **225 S ORANGE AVE**
 CITY-ST-ZIP **ORLANDO FL 32802**

TITLE Change Addition
 NAME **Chairman**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D PELLEGRINI, LINDA**
 STREET ADDRESS **5728 MAJOR BLVD.**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T STEPHENSON, ROBERT J**
 STREET ADDRESS **2600 LAKE LUCIEN DR STE 100**
 CITY-ST-ZIP **MAITLAND FL 32751-7234**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **C/TR PELLEGRINI, LINDA**
 STREET ADDRESS **5728 MAJOR BLVD. # 176**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE Change Addition
 NAME **Director**
 STREET ADDRESS **O.B. Stander**
 CITY-ST-ZIP **5915 Benjamin Ctr. Dr. Tampa, FL 33634**

TITLE Delete
 NAME **TR IOPPOLO, FRANK**
 STREET ADDRESS **111 NORTH ORANGE AVE., STE 2050**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T BAILEY, SIMON**
 STREET ADDRESS **1657 BUENA VISTA DR STE 305**
 CITY-ST-ZIP **LAKE BUENA VISTA FL 32830-1000**

TITLE Change Addition
 NAME
 STREET ADDRESS **1675 Buena Vista Dr., Ste. 305**
 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:

Signature
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director **2/15/02 (813) 887-3300**

Date

Daytime Phone #

CR2E037 (9/01)