


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90120 017 \*\*\*\*61.25

**DOCUMENT # N41781**

1. Entity Name  
**ORLANDO MARINE INSTITUTE, INC.**



Principal Place of Business  
**1461 LAKE PLEASANT ROAD  
APOPKA FL 32703**

Mailing Address  
**ASSOCIATED MARINE INSTITUTES  
5915 BENJAMIN CENTER DR  
TAMPA FL 33634**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-3045041** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>SMITH, MATTHEW S</b> <b>225 S ORANGE AVE</b> <b>ORLANDO FL 32802</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PELEGRINI, LINDA</b> <b>5728 MAJOR BLVD.</b> <b>ORLANDO FL 32819</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>STEPHENSON, ROBERT J</b> <b>2800 LAKE LUCIEN DR STE 100</b> <b>MAITLAND FL 32751-7234</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STANDER, O B</b> <b>5915 BENJAMIN CTR DR</b> <b>TAMPA FL 33634</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR</b> <b>IOPPOLO, FRANK</b> <b>111 NORTH ORANGE AVE., STE 2050</b> <b>ORLANDO FL 32801</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BAILEY, SIMON</b> <b>1675 BUENA VISTA DR STE 305</b> <b>LAKE BUENA VISTA FL 32830-1000</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 REQUIRED O.B. Stander 1/14/03 (813)887-3300

CR2E037 (10/02)