

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90990 033 ****61.25

C0058939

DO NOT WRITE IN THIS SPACE

DOCUMENT # N45920
1. Entity Name
 ASSOCIATED MARINE INSTITUTES, FOUNDATION, IN

Principal Place of Business
 2507 Callaway Road
 Suite 102
 Tallahassee, FL 32303

Mailing Address
 Associated Marine Institutes
 5915 Benjamin Center Drive
 Tampa, FL 33634

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 59-3525382
 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.
 Smith, Hulsey & 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.

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 Department of State

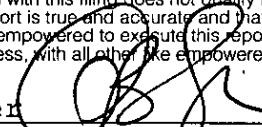
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: O.B. Stander  **4/16/01** **813-887-3300**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)

06058989

h

Harris-Schutz, Sheila

Full Name: Mrs. Sheila Harris-Schutz
455 Palm Circle East
Naples, FL 34102
Bus: (941) 434-8186 voice mail
Bus Fax: (941) 434-2030 after 9/1/00
Hm Fax: (941) 643-9848 before 9/1/00
E-mail: xqop@aol.com

Harvey, W. Brantley

Full Name: Mr. Brantley Harvey Jr. *Chairman*
P.O. Drawer 1107
Beaufort, SC 29901
Bus: (843) 524-3109
Home: (843) 524-2935
Bus Fax: (843) 524-6973
E-mail: wbrharvey@isc.net

Hull, David

Full Name: Mr. David Hull
Smith, Hulsey & Busey
PO Box 53715
Jacksonville, FL 32201
Bus: (904) 359-7700
Mobile: (904) 504-8001
Bus Fax: (904) 359-7708
E-mail: dhull@smithhulsey.com

k

Kremer, Frederick D

Full Name: Mr. Frederick D Kremer *Secretary/Treas.*
5915 Benjamin Center Drive
Tampa, FL 33634
Bus: (813) 887-3300
Bus Fax: (813) 889-8092
E-mail: Fkremer@ami-fl.org

m

May, Linda J

Full Name: Ms. Linda J May
1700 Sandpiper Street
Merritt Island, FL 32952
Bus: (321) 868-0589
Home: (321) 453-5173
Mobile: (321) 960-5257
Bus Fax: (321) 783-1058
Hm Fax: (321) 453-6333
E-mail: Lmayco@aol.com

Mercier, Lee F

Full Name: Mr. Lee F Mercier
200 West Forsyth St.
Suite 1100
Jacksonville, FL 32202-4308
Bus: (904) 355-1155
Home: (904) 396-5919
Bus Fax: (904) 355-1520

Mitchell, David B.

Full Name: Honorable David B. Mitchell
111 North Calvert Street
Courthouse East, Room 201
Baltimore, MD 21202
Bus: (410) 396-5052
Bus Fax: (410) 545-7322
E-mail: mitchdb@aol.com

Myers, William R

Full Name: Mr. William R Myers
1365 Alegriano Ave.
Coral Gables, FL 33146
Bus: (305) 665-8320
Mobile: (305) 205-0290
Bus Fax: (305) 661-3234
E-mail: dollrbill@prodigy.net

r

Richards, Dan

Full Name: Mr. Dan Richards
5370 Laguna Vista Drive
Melbourne, FL 32934
Bus: (321) 254-2258
Home: (321) 254-2258
Bus Fax: (321) 255-5109
E-mail: rdrrmlb@aol.com

t

Thomas, Newton

Full Name: Mr. Newton Thomas
8183 West El Cajon Drive
Baton Rouge, LA 70815
Bus: (225) 927-8921
Bus Fax: (225) 926-8320
E-mail: newtont@nglibria.com

Thrower, Randolph W

Full Name: Mr. Randolph W Thrower
999 Peachtree Street, N.E.
Atlanta, GA 30309-3996
Bus: (404) 853-8149
Other: (404) 853-8704
Bus Fax: (404) 853-8806
E-mail: rwthrower@sablaw.com

w

Weaver, Robert S

Full Name: Mr. Robert S Weaver *President*
5915 Benjamin Center Drive
Tampa, FL 33634
Bus: (813) 887-3300
Other: (813) 542-4888
Bus Fax: (813) 889-8092
E-mail: bweaver@ami-fl.org

Attachment Doc # N45920
C 0058939

W

Worthy, Martin

Full Name: Mr. Martin Worthy
P.O. Box 30264
189 Gascolgne (W. 18th) Avenue
Sea Island, GA 31561
Bus: (912) 638-1852
Bus Fax: (912) 638-3388
E-mail: kmartinworthy@aol.com
E-mail 2: wife

Y

Yacobi, Robert M

Full Name: Honorable Robert M Yacobi
90 Old York Rd.
Williamsburg, VA 23185
Bus: (757) 564-3503
Home: (757) 259-1244
Mobile: (757) 871-2233
Bus Fax: (757) 220-2901

Attachment Doc # N45950

C0058939

Additional Director

O.B. Stander
5915 Benjamin Center Drive
Tampa, FL 33634