

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

INCORPORATION
APPROVAL
1995



DEPARTMENT OF REVENUE
DIVISION OF CORPORATE TAXES
TALLAHASSEE, FLORIDA

53 MAY -1 1995

DOCUMENT # N93000003709 (3)

SUGARLOAF DOLPHIN SANCTUARY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUGARLOAF LODGE MM 17 SUGARLOAF KEY FL 33044 US		SUGARLOAF LODGE MM 17 SUGARLOAF KEY FL 33044 US		3. Date incorporated or qualified 08/01/1993	3a. Date of last report 05/01/1994
2. Principal place of business SAME		2a. Principal place of business SAME		4. FIC Number 65-0447425	Request for Not Applicable
21. State Apt. # etc. SAME		26. State Apt. # etc. SAME		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22. City & State SAME		27. City & State SAME		6. Exemption from payment of tax ☐ \$5.00 May Be Added to Fees	
23. Zip SAME		28. Zip SAME		7. Nonprofit with IRS letter ☐ \$68.75 Supplemental Fee Not Required	
24. ☐		29. ☐		8. The corporation has liability for intangibles tax under 19-199.035 Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent FIRESTONE, MARTIN E SUGARLOAF LODGE MM17 SUGARLOAF KEY FL 33044		10. Name and Address of New Registered Agent 81. Name SAME 82. Street & P.O. Box Number or Not Acceptable 83. 84. City FL 85. Zip Code	
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11. Pursuant to the provisions of Sections 607.05(2) and 607.15(2) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(2), Florida Statutes.

SIGNATURE: **NO CHANGE**

12. OFFICERS AND DIRECTORS		13. ADVICE OF REMOVAL OF OFFICERS AND DIRECTORS	
12.1. DIRECTOR (T) NAME: GOOD, LLOYD A III OFFICE: SUGARLOAF LODGE / MM17 CITY: SUGARLOAF KEY FL 12.2. VPD NAME: TROUT, RICK OFFICE: 192 LOWE STREET CITY: TAVERNIER FL	13.1. Removal of Officer or Director ☒ Change ☐ Addition NAME: RILEY, WILL OFFICE: 5217 SEVENTH STREET NE CITY: WASH. DC 20017	12.3. DIRECTOR (T) NAME: O'BARRY, RICK OFFICE: 3551 MAIN HIGHWAY CITY: COCONUT GROVE FL 12.4. ASD NAME: FIRESTONE, ELAINE B OFFICE: 1080 94TH STREET CITY: BAY HARBOR ISLES FL 12.5. S NAME: FIRESTONE, MARTIN E OFFICE: 1080 94TH STREET CITY: BAY HARBOR ISLES FL 12.6. VP NAME: BAKER, GEORGE DR DVM OFFICE: P.O. BOX 1577 N/A CITY: TAVERNIER FL	13.2. Removal of Officer or Director ☒ Change ☐ Addition NAME: MARK BIRMAN OFFICE: 300 BROADWAY, SUITE 28 CITY: SAN FRANCISCO, CA 94135-3512 13.3. BOARD MEMBER (T) NAME: BOB Scholtop OFFICE: RD. BOX 773, 3645 Brigantine Blvd. CITY: BRIGANTINE, NJ 08403

14. I, the undersigned, certify that the information supplied with this filing is complete, accurate and true, and that I am familiar with and accept the obligations of the provisions of the law of the State of Florida relating to the filing of this statement and that I am, by virtue of my position, authorized to execute this statement.

SIGNATURE: *Lloyd A. Good III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 13 503 745 2341