

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** N95000005143

1. Entity Name  
**Florida Maritime Forum, Inc.**

**FILED**

00 MAY -5 PM 12:47

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
 215 South Monroe Street  
 Suite 540  
 Tallahassee, Florida 32301 USA

2. Principal Place of Business same as above  
 Suite, Apt. #, etc.  
 3. Mailing Address same as above  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Zip Country  
 City & State Zip Country

4. FEI Number 59-3404967 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent  
 Name **Lina Palmer**  
 Street Address (P.O. Box Number is Not Acceptable) **215 South Monroe Street**  
 Suite 540  
 City **Tallahassee FL** Zip Code **32301**

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 Lina Palmer DATE **May 1, 2000**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	D/P	<input checked="" type="checkbox"/> Delete
NAME	John R. LaCapra	
STREET ADDRESS	9215 North Bayshore Drive	
CITY-ST-ZIP	Miami Shores, Florida 33138	
TITLE	D/S	<input checked="" type="checkbox"/> Delete
NAME	James C. Massie	
STREET ADDRESS	1975 Farms Road	
CITY-ST-ZIP	Tallahassee, Florida 32311	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Charles B. Littlejohn	
STREET ADDRESS	758 Duparc Circle	
CITY-ST-ZIP	Tallahassee, Florida 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey B. Sharkey	
STREET ADDRESS	1217 JG Lane	
CITY-ST-ZIP	Tallahassee, Florida 32301	
TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ross Smith	
STREET ADDRESS	215 South Monroe Street, Suite 540	
CITY-ST-ZIP	Tallahassee, Florida 32301	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Pinsky	
STREET ADDRESS	701 Kanuga Drive	
CITY-ST-ZIP	West Palm Beach, Florida 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Jeffrey B. Sharkey DATE **May 1, 2000** DAYTIME PHONE # **\*850\*224\*1660**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)