

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90081 029 ****61.25

DOCUMENT # N96000000757

1. Entity Name
HUMAN DOLPHIN INSTITUTE, INC.

Principal Place of Business 5605 SUNSET AVE. STE B PANAMA CITY BEACH FL 32408	Mailing Address 5605 SUNSET AVE. STE B PANAMA CITY BEACH FL 32408-6523
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3421699	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HESS, BRIAN D 9108 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATLAS, MICHAEL A 5605 SUNSET AVE., STE A PANAMA CITY FL 32408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition DVT ATLAS MICHAEL A 1202 Christel Avenue Panama City FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OSAWA, YUISHI 708 BUNKERS COVE ROAD PANAMA CITY FL 32401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RICHARD, DENIS 5605 SUNSET AVE. B PANAMA CITY BEACH FL 32408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Richard Denis 5605 SUNSET AVE. B Panama City Beach, FL. 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC FEE, RUSSELL 3004 SE SALERNO RD. STUART FL 34997	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP McFee, Russell 3004 SE Salerno Rd Stuart, FL. 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: Rebecca Russell McFee Date _____ Daytime Phone # _____