

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-08-2000 90154 037 ****61.25

DOCUMENT # N97000003330

1. Entity Name

CAPE ELEUTHERA MARINE CONSERVATION PROJECT, INC.

Principal Place of Business

Mailing Address

50 W MASHTA DR #5
 KEY BISCAYNE FL

50 W MASHTA DR #5
 KEY BISCAYNE FL 33149-2431

2. Principal Place of Business

3. Mailing Address

P.O. Box 5910

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Princeton NJ

4. FEI Number

31-1591503

Applied For
 Not Applicable

Zip

Country

08543-5910

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEALL, KENNETH J JR
 777 S FLAGLER DR STE 500 E
 WEST PALM BCH FL 33401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BEALL, KENNETH S JR	
STREET ADDRESS	777 S FLAGLER DR STE 500E	
CITY-ST-ZIP	WEST PALM BCH FL 33401	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENETTI, DANIEL D	
STREET ADDRESS	5600 US 1 NO	
CITY-ST-ZIP	FT PIERCE FL 34946	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, DAVID W	
STREET ADDRESS	201 MONROE AVE NW STE 500	
CITY-ST-ZIP	GRAND RAPIDS MI 49503	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAXEY, CHRISTOPHER B	
STREET ADDRESS	P O BOX 6008 N/A	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08848	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NUTTAL BT, NICHOLAS	
STREET ADDRESS	P O BOX N7776 N/A	
CITY-ST-ZIP	NASSAU NEW PROVINCENCE BHAMAS	
TITLE	D	<input type="checkbox"/> Delete
NAME	TWISS, JOHN J JR	
STREET ADDRESS	901 TURKEY RUN ROAD	
CITY-ST-ZIP	MCLEAN VA 22101	

TITLE	C/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MORRIS, LES		
STREET ADDRESS	70 TANGLEWOOD DRIVE		
CITY-ST-ZIP	PAWLEY'S ISLAND, SC 29585		
TITLE	T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FRASER, DUNCAN, JR		
STREET ADDRESS	600 LINTON BLVD SUITE 207		
CITY-ST-ZIP	DELRAY BEACH, FL 33444		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DEVOS, DANIEL		
STREET ADDRESS	201 MONROE AVE., NW SUITE 500		
CITY-ST-ZIP	GRAND RAPIDS, MI 49503		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LEWIS, LUCY F.		
STREET ADDRESS	PO BOX 6008 N/A		
CITY-ST-ZIP	LAWRENCEVILLE, NJ 08648		
TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAXEY, CHRISTOPHER B		
STREET ADDRESS	PO BOX 6008 N/A		
CITY-ST-ZIP	LAWRENCEVILLE, NJ 08648		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BARDEL, WILLIAM G.		
STREET ADDRESS	PO BOX 6008 N/A		
CITY-ST-ZIP	LAWRENCEVILLE, NJ 08648		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(242)
 4-21-00 359-7625

CR2E037 (9/99)