

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90018 015 ****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 BISCAIYNE FL**

**PO BOX 5910
 PRINCETON NJ 08543-5910**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1591503

Applied For

Not Applicable

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	TD	<input type="checkbox"/> Delete
NAME	DUNCAN, FRASIER JR	
STREET ADDRESS	660 LINTON BLVD STE 207	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
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	PD	<input type="checkbox"/> Delete
NAME	MAXEY, CHRISTOPHER B	
STREET ADDRESS	P O BOX 6008 N/A	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648	
TITLE	D	<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02 242 359-7625

Date

Daytime Phone #

CR2E037 (9/01)