

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90081 038 \*\*\*\*61.25

**DOCUMENT # 718206**

1. Entity Name  
**FOUNDATION FOR THE SUPPORT OF MARINE YOUTH ACTIV**

Principal Place of Business Mailing Address  
**7677 COURTYARD RUN WEST 7677 COURTYARD RUN WEST**  
**BOCA RATON FL 33433 BOCA RATON FL 33433-3007**  
**US US**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip, Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **23-7115524** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LEASOR, JOHN E**  
**726 SOUTH LAKE AVENUE**  
**DELRAY BEACH, FL 33483**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEE IS \$61.25**  
 9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.  
**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS  

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WORTHMAN, ROBERT 7677 COURTYARD RUN WEST BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURCOCHER, DAVID 6844 PALMETTO CIRCLE, SOUTH 203 BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEASOR, JOHN 726 SOUTH LAKE AVENUE DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTINO, MARNA 9715 ARBOR OAKS LANE, APT 102 BOCA RATON FL 33428	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EKLE, BARRY 480 NE 55 TER MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOFF, DAVE 761 NE MARINE DR BOCA RATON FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MROZ, RICK 4401 NW 3RD AVE BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOWES, BILL 6503 AMBERWOOD DR BOCA RATON, FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAINS, DREW 2059 SW 15th ST. Apt #227 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Change <input checked="" 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: \_\_\_\_\_ **4/21/00** **561-367-8606**  
 Signature and typed or printed name of signing officer or director Date Deadline Phone #

CR2E037 (9/99)