

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
 BOCA RATON FL 33433
 US

7677 COURTYARD RUN WEST
 BOCA RATON FL 33433-3007
 US

PRINCIPAL PLACE OF BUSINESS



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7115524

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEASOR, JOHN E
726 SOUTH LAKE AVENUE
DELRAY BEACH, FL 33483

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
TD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	MROZ, RICK	4401 NW 3RD AVE	BOCA RATON, FL 33431	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	BOWES, BILL	6503 AMBERWOOD DR	BOCA RATON, FL 33433	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	HAINS, DREW	2059 SW 15th ST. Apt #227	DEERFIELD BEACH, FL 33442	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

561-367-8606

Date

Daytime Phone #

CR2E037 19/99