

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 20, 2001 08:00 AM****Secretary of State****DOCUMENT # 728699**

1. Entity Name

HARBOR BRANCH OCEANOGRAPHIC INSTITUTION, INC.

Principal Place of Business

5600 U.S. 1 NORTH

FT. PIERCE
34946

FL

Mailing Address

5600 U.S. 1 NORTH

FT. PIERCE
34946

FL

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

59-1542017

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

HERMAN RICHARD J
5600 US 1 NORTHFT. PIERCE FL
34946 US

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

02/20/2001

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

(NOTE: Registered Agent signature required when reinstalling)

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 | ST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|--------------------------|---------------------------------|----------------|--|-----------------------------------|
| NAME | HEWITT, LOUIS R. (ASST) | | NAME | | |
| STREET ADDRESS | 25 WOLFPACK RD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MERCERVILLE NJ | | CITY-ST-ZIP | | |
| TITLE | DPS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HERMAN, RICHARD J (ASST) | | NAME | | |
| STREET ADDRESS | 585 32ND AVE SW | | STREET ADDRESS | | |
| CITY-ST-ZIP | VERO BCH FL | | CITY-ST-ZIP | | |
| TITLE | C | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FARINACCI STEPHEN M | | NAME | STAPLETON CHRISTOPHER P | |
| STREET ADDRESS | 3208 MEMORY LANE | | STREET ADDRESS | 390 11TH PLACE SW | |
| CITY-ST-ZIP | FT PIERCE FL | | CITY-ST-ZIP | VERO BEACH FL 32962 | |
| TITLE | CD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | JOHNSON, J.SEWARD | | NAME | JOHNSON, J.SEWARD | |
| STREET ADDRESS | 66 BATTLE ROAD | | STREET ADDRESS | 66 BATTLE ROAD | |
| CITY-ST-ZIP | PRINCETON NJ | | CITY-ST-ZIP | PRINCETON NJ 08540 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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)(f), 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:

CHRISTOPHER P. STAPLETON

C

02/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)