

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90088 003 \*\*\*\*70.00

**DOCUMENT # 730769**

1. Entity Name

**THE INTERNATIONAL OCEANOGRAPHIC FOUNDATION**

Principal Place of Business

OFFICE OF THE BOARD OF TRUSTEES  
POST OFFICE BOX 248042  
CORAL GABLES FL 33124-4624  
US

Mailing Address

OFFICE OF THE BOARD OF TRUSTEES  
POST OFFICE BOX 248042  
CORAL GABLES FL 33124-4624  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-0789169**

Applied For

Not Applicable

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

**LA PAZ, LOURDES F.**  
**UNIVERSITY OF MIAMI**  
**1252 MEMORIAL DR, RM 252, ASHE BLDG**  
**CORAL GABLES FL 33146**

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** ☐ Delete  
NAME **MONROE, ARCHIE**  
STREET ADDRESS **2192 KINGFISH RD**  
CITY-ST-ZIP **NAPLES FL 34102**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **KRASLOW, DAVID**  
STREET ADDRESS **13647 DEERING BAY DR UNIT 111**  
CITY-ST-ZIP **MIAMI FL 33158**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **S** ☐ Delete  
NAME **LA PAZ, LOURDES F.**  
STREET ADDRESS **90 EDGEWATER DR #717**  
CITY-ST-ZIP **CORAL GABLES FL 33143**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **WILLIAMSON, GEORGE E II**  
STREET ADDRESS **7250 NORTH KENDALL DR**  
CITY-ST-ZIP **MIAMI FL 33156**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **T** ☐ Delete  
NAME **COOK, DIANE M.**  
STREET ADDRESS **10520 SW 124TH ST.**  
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **P** ☐ Delete  
NAME **FOOTE, II, EDWARD T.**  
STREET ADDRESS **8565 OLD CUTLER ROAD**  
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)