

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730769

1. Entity Name

THE INTERNATIONAL OCEANOGRAPHIC FOUNDATION

Principal Place of Business

Mailing Address

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

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 & State

City & 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 LOURDES F. LA PAZ
Street Address (P.O. Box Number is Not Acceptable)
UNIVERSITY OF MIAMI
5915 Ponce De Leon Blvd #10
City CORAL GABLES FL Zip Code 33124

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	D MONROE, ARCHIE 2192 KINGFISH RD NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRASLOW, DAVID 13647 DEERING BAY DR UNIT 111 MIAMI FL 33158	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LA PAZ, LOURDES F. 90 EDGEWATER DR #717 CORAL GABLES FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMSON, GEORGE E II 7250 NORTH KENDALL DR MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOK, DIANE M. 10520 SW 124TH ST. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOOTE, II, EDWARD T. 8565 OLD CUTLER ROAD MIAMI FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02 (305) 24-2700

Date

Daytime Phone #

CR2E037 (9/01)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90121 019 ****70.00



DO NOT WRITE IN THIS SPACE

Robert L. Blake
Lourdes F. La Paz
Cynthia L. Augustyn
Patricia A. Peoples
Cynthia L. Beamish
Michael A. Novo
Kyle Lewis Paige
Brooke Fried
Darlene Bell-Alexander
Sabrina Mendoza Rembold
Maria E. Lauredo
Irma M. Abella

UNIVERSITY OF MIAMI
Office of Vice President and General Counsel
Plumer Building, Suite 10
P.O. Box 248052
Coral Gables, Florida 33124-2425
305-284-2700
Fax: 305-284-5063

Medical Campus Office
P.O. Box 016960
Miami, Florida 33101
305-243-5500
Fax: 305-243-3500

February 12, 2002


Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Fl 32302-1500

RE: The International Oceanographic Foundation

Gentlemen:

Enclosed is an executed 2002 UBR for the above mentioned corporation. In addition, check #606979 in the amount of \$70.00, representing the annual filing fee. Please forward a Certificate of Status at your earliest convenience.

Sincerely,


Lourdes La Paz
Deputy General Counsel

LLP/ic
Enc

Attachment
#1730769/601831