2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am Secretary of State DOCUMENT # **746848** 1. Entity Name FRIENDS OF EXPLORER SHIP 573, INC. 05-06-2002 90073 021 ****61.25 Principal Place of Business Mailing Address 27300 OVERSEAS HWY 27300 OVERSEAS HWY RAMROD KEY FL 33042-5410 RAMROD KEY FL 33042-5410 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1930275 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Moore, Elaine G 30752 PALM DR **BIG PINE KEY FL 33043** City 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. SIGNĂTURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITI F Change ☐ Addition MOORE, ELAINE G NAME NAME STREET ADDRESS 30752 PALM DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BIG PINE KEY FL ☐ Change ☐ Addition ☐ Delete TITLE MOORE, JAMES E NAME NAME 30752 PALM DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP BIG PINE KEY FL TD TITLE ☐ Delete TITLE Change ☐ Addition NAME KAREN:E::GUMMINS:::: ummins Karen-E 9300 CO neora Rd STREET ADDRESS 27300 OVERSEAS HWY STREET ADDRESS - Cloud, FC CITY-ST-ZIP CITY-ST-ZIP RAMROD KEY FL ۷D ☐ Addition Change TITLE ☐ Delete TITLE Moore James E, JR 3398 Jasmine Ct MOORE, JAMES E JR NAME STREET ADDRESS 14930 STUART RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN ANTONIO FL 78223 Las Vegas NV 8913 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

MO TRY SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

CITY-ST-ZIP