

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90377 040 ****61.25

DOCUMENT # 746848

1. Entity Name

FRIENDS OF EXPLORER SHIP 573, INC.



Principal Place of Business

**27300 OVERSEAS HWY
RAMROD KEY FL 33042-5410
US**

Mailing Address

**27300 OVERSEAS HWY
RAMROD KEY FL 33042-5410
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 **59-1930275**

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

**MOORE, ELAINE G
30752 PALM DR
BIG PINE KEY FL 33043**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	MOORE, ELAINE G	
STREET ADDRESS	30752 PALM DRIVE	
CITY-ST-ZIP	BIG PINE KEY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOORE, JAMES E	
STREET ADDRESS	30752 PALM DRIVE	
CITY-ST-ZIP	BIG PINE KEY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KAREN E. CUMMINS	
STREET ADDRESS	9300 CONCORD RD	
CITY-ST-ZIP	SAINT CLOUD FL 34773	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOORE, JAMES E JR	
STREET ADDRESS	3398 JASMINE CT	
CITY-ST-ZIP	LAS VEGAS NV 89135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Elaine G Moore **Elaine G Moore** 4/11/03 305-872-1134

CR2E037 (10/02)