

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758263

1. Entity Name

NATIONAL WEEK OF THE OCEAN, INC.

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90019 021 \*\*\*\*61.25

004590

Principal Place of Business

C/O CYNTHIA C. HANCOCK  
516 BONTONA AVENUE  
FT. LAUDERDALE FL 33301

Mailing Address

C/O CYNTHIA C. HANCOCK  
516 BONTONA AVENUE  
FT. LAUDERDALE FL 33301

**734180**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2169638

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HANCOCK, CYNTHIA C.  
516 BONTONA AVENUE  
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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

TITLE: D  
NAME: KALVAITIS, LEE  
STREET ADDRESS: 2972 RIVERLAND RD  
CITY-ST-ZIP: FT LAUD, FL 00000 ☐ Delete

TITLE: D  
NAME: MCLAUGHLIN, JOHN  
STREET ADDRESS: 545 S. ATLANTIC BLVD.  
CITY-ST-ZIP: FT LAUD, FL 00000 ☐ Delete

TITLE: VPD  
NAME: HANCOCK, DANE R  
STREET ADDRESS: 516 BONTONA AVE  
CITY-ST-ZIP: FT LAUDERDALE, FL 00000 ☐ Delete

TITLE: SD  
NAME: SIGLER, MARIE  
STREET ADDRESS: 10039 RAMBLEWOOD DRIVE  
CITY-ST-ZIP: CORAL SPRINGS FL ☐ Delete

TITLE: D  
NAME: HESSMANN, JOE  
STREET ADDRESS: 200 S. BIRCH RD.  
CITY-ST-ZIP: FT LAUD, FL 00000 ☐ Delete

TITLE: PD  
NAME: HANCOCK, CYNTHIA C  
STREET ADDRESS: 516 BONTONA AVE  
CITY-ST-ZIP: FT LAUDERDALE, FL 00000 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ 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 REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CYNTHIA HANCOCK 3/29/01 954-462-5873  
Date Daytime Phone #

CR2E037 (10/00)