

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90123 012 \*\*\*\*61.25

**DOCUMENT # 758263**

1. Entity Name

**NATIONAL WEEK OF THE OCEAN, INC.**

Principal Place of Business

Mailing Address

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

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

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

7. Name and Address of New Registered Agent

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

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	<input type="checkbox"/> Delete
NAME	KALVAITIS, LEE	
STREET ADDRESS	2972 RIVERLAND RD	
CITY-ST-ZIP	FT LAUD, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, JOHN	
STREET ADDRESS	545 S. ATLANTIC BLVD.	
CITY-ST-ZIP	FT LAUD, FL 00000	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HANCOCK, DANE R	
STREET ADDRESS	516 BONTONA AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SIGLER, MARIE	
STREET ADDRESS	10039 RAMBLEWOOD DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HESSMANN, JOE	
STREET ADDRESS	200 S. BIRCH RD.	
CITY-ST-ZIP	FT LAUD, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HANCOCK, CYNTHIA C	
STREET ADDRESS	516 BONTONA AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOLPH DU MONT	
STREET ADDRESS	1531 SE 13 STREET	
CITY-ST-ZIP	FT LAUD, FL 33316	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL HAMMOND	
STREET ADDRESS	6185 WOODBURY RD	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCH DECKOR	
STREET ADDRESS	7100 HARDING ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Cynthia C. Hancock** **CYNTHIA HANCOCK** **2-5-02** **954-462-5523**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0028193