

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762583

1. Entity Name

THE OCEAN IMPACT FOUNDATION, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90125 001 ****61.25
 03-08-2000 90125 002 *****8.75

Principal Place of Business	Mailing Address
7100 BELVEDERE RD W PALM BCH FL 33411 US	C/O PBC ANIMAL CONTROL 7100 BELVEDERE RD. W PALM BCH FL 33411-3306 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2432510	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLBURN, HARRY S JR 1070 E INDIANTOWN RD STE. 400 JUPITER FL 33477	Name COLBURN, HARRY S. JR Street Address (P.O. Box Number is Not Acceptable) 941 North Highway A1A City Jupiter FL Zip Code 33477

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 *Harry S. Colburn, Jr.* Harry S. Colburn, Jr., Registered Agent 3/6/2000
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE TO NAME SAUVE, RAYMOND J STREET ADDRESS 1962 S CONGRESS AVE CITY-ST-ZIP W PALM BEACH FL	<input type="checkbox"/> Delete	TITLE TO NAME Sue Shearouse STREET ADDRESS 7100 Belvedere Rd CITY-ST-ZIP W.P. Beach, FL- 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME MERCER-SAUVE, DIANNE STREET ADDRESS 1962 S CONGRESS AVE CITY-ST-ZIP W PALM BCH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME MARION, TRISH STREET ADDRESS 1962 S CONGRESS AVE CITY-ST-ZIP W PALM BCH FL	<input checked="" type="checkbox"/> Delete	TITLE Pamela Fields NAME 7100 Belvedere Rd STREET ADDRESS W. Palm Beach, FL. 33411 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME FLOYD, DR. GEORGE STREET ADDRESS 1962 S CONGRESS AVE CITY-ST-ZIP W PALM BEACH 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"/> 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: *Harry S. Colburn, Jr.* 3/2/2000 561 471-3403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)