

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765220

1. Entity Name

PALM BEACH MARINE INSTITUTE, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90121 016 ****61.25

Principal Place of Business

5915 BENJAMIN CENTER DRIVE
TAMPA FL 33634

Mailing Address

5915 BENJAMIN CENTER DRIVE
TAMPA FL 33634

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 59-2237919

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

HULL, DAVID J

~~227 SOUTH CALHOUN~~ 225 WATER ST, SUITE 1800
~~TALLAHASSEE FL 32302~~ JACKSONVILLE, FL 32202

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 PD
NAME BOGATIN, RICHARD
STREET ADDRESS 1635 WOODBRIDGE LAKES
CITY-ST-ZIP WEST PALM BEACH FL 33406 ☐ Delete

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

TITLE SD
NAME BUNN, JOSEPHINE
STREET ADDRESS 148 SWEET BAY CIR
CITY-ST-ZIP JUPITER, FL 33458 ☐ Delete

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

TITLE CD
NAME NEWELL, WARREN
STREET ADDRESS 301 N. OLIVE AVE
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

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

TITLE VP
NAME CHIDESTER, MICHAEL
STREET ADDRESS 2601 N. FLAGLER #316
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Delete

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

TITLE T
NAME BROWN, MICHAEL
STREET ADDRESS 2655 N. OCEAN DRIVE, SINGER ISLAND
CITY-ST-ZIP RIVIERA BEACH FL 33404 ☒ Delete

TITLE T
NAME OB STANDER
STREET ADDRESS 5915 BENJAMIN CENTER DR
CITY-ST-ZIP TAMPA, FL 33634 ☐ Change ☒ Addition

TITLE BC
NAME SARTORY, RICK
STREET ADDRESS 320 LAKEVIEW AVE
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE
NAME
STREET ADDRESS 2401 PGA BLVD SUITE 198
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 ☒ 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]* SIGNATURE REQUIRED STANDER 1/9/02 (813) 887-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)