

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765722

1. Entity Name

MARINE SCIENCE GRADUATE STUDENT ORGANIZATION, IN

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90031 039 \*\*\*\*61.25

Principal Place of Business

Mailing Address

ON, INC.  
4600 RICKENBACKER CAUSEWAY  
MIAMI FL 33149

ON, INC.  
4600 RICKENBACKER CAUSEWAY  
MIAMI FL 33149-1031

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

59-2238104

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

WILLIAMS, MARGARET B  
4600 RICKENBACKER CSWY  
MAC DIVISION  
MIAMI FL 33149

Name

Mark C. Sullivan

Street Address (P.O. Box Number is Not Acceptable)

4600 Rickenbacker Cswy

MBF Division

City

Miami

FL

Zip Code

33149

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

*Mark C. Sullivan*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

24 May 00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
WILLIAMS, MARGARET B  
4600 RIKENBACKER CSWY  
MIAMI FL 33149 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
Mark Sullivan, MBF  
4600 Rickenbacker Cswy  
Miami, FL 33149 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
WASHINGTON, GIVANNI  
4600 RICKENBACKER CSWY  
MIAMI FL 33149 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
Kelly Bergman, MGG  
4600 Rickenbacker Cswy  
Miami, FL 33149 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
HINSLEY, BILL M  
4600 RICKENBACKER CSWY  
MIAMI FL 33149 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
Atiny Tattat, MAP  
4600 Rickenbacker Cswy  
Miami, FL 33149 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
LUTHY, STACY M  
4600 RICKENBACKER CSWY  
MIAMI FL 33149 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
Capri O'Hara, MGG  
4600 Rickenbacker Cswy  
Miami, FL 33149 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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:

*Mark C. Sullivan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 May 00

305-361-4000

Date

Daytime Phone #

CR2E037 (9/99)