

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90103 016 ****61.25

DOCUMENT # 765722

1. Entity Name

MARINE SCIENCE GRADUATE STUDENT ORGANIZATION, IN C.

Principal Place of Business

Mailing Address

ON, INC.
4600 RICKENBACKER CAUSEWAY
MIAMI FL 33149

ON, INC. ATTN: MSGSO TREASURER
4600 RICKENBACKER CAUSEWAY
MIAMI FL 33149

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

City & State

City & State

4. FEI Number

59-2238104

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

OWENS, BRIAN F
4600 RICKENBACKER CSWY
DIVISION OF METEOROLOGY
MIAMI FL 33149

Name

Kelly L. Denit

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

4600 Rickenbacker Cswy

Marine Biology + Fisheries Div.

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

Kelly L. Denit

Kelly Denit

Treasurer

1/24/02

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
OWENS, BRIAN
4600 RIKENBACKER CSWY
MIAMI FL 33149 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
Kelly Denit
4600 Rickenbacker Cswy
Miami, FL 33149 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MOULDING, ALISON
4600 RICKENBACKER CSWY
MIAMI FL 33149 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Stacy Reeder
4600 Rickenbacker Cswy
Miami, FL 33149 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HANAFIN, JENNIFER
4600 RICKENBACKER CSWY
MIAMI FL 33149 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Robert Wolfe
4600 Rickenbacker Cswy
Miami, FL 33149 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ALVAREZ, CARLOS
4600 RICKENBACKER CSWY
MIAMI FL 33149 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Hollis Pyatt
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:

SIGNATURE REQUIRED

1/24/02

305-361-4025

CR2E037 (9/01)