

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90119 031 \*\*\*\*61.25

**DOCUMENT # 766202**

1. Entity Name

**FLORIDA ENVIRONMENTAL INSTITUTE, INC.**



Principal Place of Business

**122 RANCH ROAD  
P.O. BOX 406  
VENICE FL 33960-0406**

Mailing Address

**5915 BENJAMIN CENTER DRIVE  
TAMPA FL 33634**

**90030270**

2. Principal Place of Business

3. Mailing Address

**Associated Marine Institutes**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**same**

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number **59-2218777**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HULL, DAVID J  
225 WATER STREET  
SUITE 1800  
JACKSONVILLE FL 32202**

**SMITH, HULSEY & BOSEY**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **STANDER, O. B.**  
STREET ADDRESS **5915 BENJAMIN CENTER DRIVE**  
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **TD** ☐ Delete  
NAME **GLADSTONE, WILLIAM E HON**  
STREET ADDRESS **326 PALM TRAIL**  
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **TD** ☐ Delete  
NAME **GULKIS, NORMAN**  
STREET ADDRESS **2522 PRETTY BAYOU ISLAND DR**  
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **TD** ☒ Delete  
NAME **MYERS, WILLIAM R**  
STREET ADDRESS **1365 ALEGRIANO AVE**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **CD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
NAME **Frank Orlando**  
STREET ADDRESS **3305 College Ave.**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33314**

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

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED IS Stander 1/14/03 (813) 887-3330**

CR2E037 (10/02)