

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769841

1. Entity Name

MARINELIFE CENTER OF JUNO BEACH, INC

Principal Place of Business

14200 US 1  
JUNO BCH FL 33408  
US

Mailing Address

14200 US 1  
JUNO BCH FL 33408-1406  
US

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

59-2445926

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

MILLER, MORRIS G  
11382 PROSPERITY FARMS ROAD  
SUITE 227  
PALM BEACH GARDENS FL 33410

Name

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

515 N. FLAGLER DRIVE

SUITE 1150

City

WEST PALM BEACH

FL

Zip Code

33401

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

MORRIS G. MILLER, DIRECTOR

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

(NOTE: Registered Agent signature required when reinstating)

4-27-00

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 D ☐ Delete  
NAME WYNEKEN, JEANETTE PHD  
STREET ADDRESS 1033 CORAL DR.  
CITY-ST-ZIP BOYNTON BCH FL

TITLE SD ☒ Delete  
NAME WOLF, CYNDIE  
STREET ADDRESS 14200 US HWY ONE  
CITY-ST-ZIP JUNO BEACH FL

TITLE PD ☐ Delete  
NAME MILLER, MORRIS  
STREET ADDRESS 2690 TOWEL DR.  
CITY-ST-ZIP PALM BCH GARDENS FL

TITLE TD ☐ Delete  
NAME MULLEN, JAMES  
STREET ADDRESS 2904 MILLER DR. N.  
CITY-ST-ZIP PALM BCH GARDENS FL 33410

TITLE D ☐ Delete  
NAME DIMARCO, NANCY  
STREET ADDRESS 401 GULF RD.  
CITY-ST-ZIP N. PALM BEACH FL

TITLE D ☒ Delete  
NAME WILCOX, J. ROSS  
STREET ADDRESS 400 SEASIDE LANE  
CITY-ST-ZIP JUNO BCH FL 33403

TITLE PD ☐ Change ☒ Addition  
NAME HARRIS, FRANK  
STREET ADDRESS 400 SEASIDE LANE  
CITY-ST-ZIP JUNO BEACH, FL 33408

TITLE SD ☐ Change ☒ Addition  
NAME ALDRICH, PETER J.  
STREET ADDRESS 2574 MONACO TERRACE  
CITY-ST-ZIP PALM BEACH GARDENS, FL

TITLE D ☒ Change ☐ Addition  
NAME MILLER, MORRIS  
STREET ADDRESS SAME  
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition  
NAME PERKINS, WINIFRED  
STREET ADDRESS 12045 EDGEWATER DRIVE  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER J. ALDRICH

SECRETARY

Date

Daytime Phone #

4-27-00 561-775-7797

CR2E037 (9/99)