2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850404

1. Entity Name

HUBBS SEA WORLD RESEARCH INSTITUTE, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90035 042 ****70.00

Principal Place of Business	Mailing Address
2595 INGRAHAM STREET SAN DIEGO CA 92109	2595 INGRAHAM STREET SAN DIEGO CA 92109-7902

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-2304740 — 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
ODELL, DANIEL 7007 SEA WORLD DR ORLANDO FL 32821	Name: Duane De Freese Street Address (P.O. Box Number is Not Acceptable): 6295 Sea Harbor Drive City: Orlando FL Zip Code: 32821

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: Duane E. DeFreese — Duane De Freese — FEB 22, 2000

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	DC ☒ Delete	TITLE	V ☐ Change ☒ Addition
NAME	BURT, RICHARD	NAME	Duane De Freese
STREET ADDRESS	401 B ST., #1700	STREET ADDRESS	6295 Sea Harbor Drive
CITY-ST-ZIP	SAN DIEGO CA 92101	CITY-ST-ZIP	Orlando, FL 32821
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KENT, DONALD	NAME	
STREET ADDRESS	2595 INGRAHAM STREET	STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	CITY-ST-ZIP	
TITLE	TS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WRIGHT, KARIE	NAME	
STREET ADDRESS	2595 INGRAHAM STREET	STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92109	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	HUBBS, CLARK	NAME	
STREET ADDRESS	DEPT OF ZOOLOGY, U OF TX	STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	YOCHEM, PAMELA	NAME	
STREET ADDRESS	2595 INGRAHAM ST	STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	CITY-ST-ZIP	
TITLE	TC ☐ Delete	TITLE	C/D ☒ Change ☐ Addition
NAME	GILDRED, GEORGE	NAME	
STREET ADDRESS	550 W C ST	STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92101	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: Karie Wright SECRETARY Secretary — 2/18/00 — 619/226-3870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #