

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

0034472

DOCUMENT # F95000005132

1. Entity Name

MARINE RESOURCES DEVELOPMENT FOUNDATION, INC.

03-27-2001 90038 026 ****61.25

Principal Place of Business

PO BOX 787
 KEY LARGO FL 33037

Mailing Address

PO BOX 787
 KEY LARGO FL 33037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

67-0258256

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

KOBLICK, IAN G
 51 SHORELAND DR
 KEY LARGO FL 33037

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CP ☐ Delete
 NAME KOBLICK, IAN G
 STREET ADDRESS 51 SHORELAND DR
 CITY-ST-ZIP KEY LARGO FL 33037

TITLE Director: V.P. ☐ Change ☒ Addition
 NAME GINETTE HUGHES
 STREET ADDRESS Box 787
 CITY-ST-ZIP Key Largo FL 33037

TITLE S ☐ Delete
 NAME KOBLICK, TONYA A
 STREET ADDRESS 51 SHORELAND DR
 CITY-ST-ZIP KEY LARGO FL 33037

TITLE Director ☐ Change ☒ Addition
 NAME Neil T Monney
 STREET ADDRESS 49 Shoreland Dr.
 CITY-ST-ZIP Key Largo FL 33037

TITLE T ☐ Delete
 NAME SMENDA, JOANN
 STREET ADDRESS P.O. BOX 670
 CITY-ST-ZIP KEY LARGO FL 33037

TITLE Director ☐ Change ☒ Addition
 NAME Scott Carpenter
 STREET ADDRESS P.O. Box 3161
 CITY-ST-ZIP Vail Co. 81658

TITLE D ☐ Delete
 NAME BASS, GERRY
 STREET ADDRESS 147 SW 63RD CT
 CITY-ST-ZIP MIAMI FL 33158

TITLE Director ☐ Change ☒ Addition
 NAME Andrew Sunberg
 STREET ADDRESS 1213 Onex
 CITY-ST-ZIP Geneva, Switzerland 011-41-2792-1659

TITLE D ☐ Delete
 NAME CLAUSNER, EDWARD
 STREET ADDRESS 1350 RIVER REACH DR #518
 CITY-ST-ZIP FT LAUDERDALE FL 33315-1173

TITLE Director ☐ Change ☒ Addition
 NAME Craig Mallen
 STREET ADDRESS Box 49
 CITY-ST-ZIP Siasisset Ma. 02564

TITLE VP ☐ Delete
 NAME MITHCELL, ARTHUR
 STREET ADDRESS 241 LIGNUM VITAE
 CITY-ST-ZIP KEY LARGO FL 33037

TITLE Director ☐ Change ☒ Addition
 NAME Bob Russell
 STREET ADDRESS 240 Treasurer Harbor Dr.
 CITY-ST-ZIP Islamorada, FL 33036

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:

Bob Russell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-01

305-451-1139

Date

Daytime Phone #

CR2E037 (10/00)