

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91449 026 \*\*\*\*\*61.25

**DOCUMENT # F97000006840**

1. Entity Name

**INTERNATIONAL MARINA INSTITUTE, CORPORATION**



Principal Place of Business

**725 N A1A  
C-110  
JUPITER FL 33477**

Mailing Address

**P.O. BOX 7197  
JUPITER FL 33468  
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 **22-2761173**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TIMPSON, WALTER K JR  
16761 130TH WAY N  
JUPITER FL 33478**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DODSON, PAUL E</b>	
STREET ADDRESS	<b>844 TARTAN DR.</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DUNN, RICHARD</b>	
STREET ADDRESS	<b>STEPHENS MARINE</b>	
CITY-ST-ZIP	<b>STOCKTON CA 95201</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HALGREN, LARRY</b>	
STREET ADDRESS	<b>1001 C ST.</b>	
CITY-ST-ZIP	<b>BELLINGHAM WA 98227</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NIXON, DENNIS</b>	
STREET ADDRESS	<b>UNIVERSITY OF RHODE ISLAND</b>	
CITY-ST-ZIP	<b>KINGSTON RI 02881</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BEACHEM, DOUGLAS</b>	
STREET ADDRESS	<b>6700 HOLIDAY RD</b>	
CITY-ST-ZIP	<b>BUFORD GA 30518</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>GOLDING, RICHARD</b>	
STREET ADDRESS	<b>14222 LAKE RD</b>	
CITY-ST-ZIP	<b>CARLYLE IL 62231</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Alex LAIDLAW</b>	
STREET ADDRESS	<b>6700 Holiday Rd.</b>	
CITY-ST-ZIP	<b>Buford, GA 30518</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>William Yeagin</b>	
STREET ADDRESS	<b>4200 Bonsettia Ave</b>	
CITY-ST-ZIP	<b>West Palm Beach, FL 33407</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John Schoppman</b>	
STREET ADDRESS	<b>P.O. Box 5288 1501 E. McCormick Pkwy</b>	
CITY-ST-ZIP	<b>Phoenix AZ 85258-85258</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gray Kender</b>	
STREET ADDRESS	<b>14755 Preston Rd Ste 520</b>	
CITY-ST-ZIP	<b>Dallas Tx 75254</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Greg Smith</b>	
STREET ADDRESS	<b>251 Creek Side Dr.</b>	
CITY-ST-ZIP	<b>Amelia Island, FL 32034</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Douglas Parsons</b>	
STREET ADDRESS	<b>450 E Shoreline Dr.</b>	
CITY-ST-ZIP	<b>Long Beach, CA 90802</b>	

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:

**WALTER K TIMPSON JR**

**4/21/03 561 741 0626**

CR2E037 (10/02)