

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002989

1. Entity Name

NATIONAL SAVE OUR REEF FOUNDATION, INC.

FILED

Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90011 004 ****61.25

0074398

Principal Place of Business

Mailing Address

POST OFFICE BOX 24443
FORT LAUDERDALE FL 33307

POST OFFICE BOX 24443
FORT LAUDERDALE FL 33307

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
EIN 65-1112090

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

FINK, EDWARD R
2000 S. OCEAN DRIVE
PH-3
FORT LAUDERDALE FL 33316-3810

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 PD
NAME MIESEN, RICHARD J
STREET ADDRESS POST OFFICE BOX 24443
CITY-ST-ZIP FORT LAUDERDALE FL 33307

☒ Delete

TITLE TD
NAME WILBUR, JOHN E
STREET ADDRESS POST OFFICE BOX 24443
CITY-ST-ZIP FORT LAUDERDALE FL 33307

☐ Delete

TITLE SD
NAME FINK, EDWARD R
STREET ADDRESS 2000 S. OCEAN DRIVE PH-3
CITY-ST-ZIP FORT LAUDERDALE FL 33316-3810

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE PD
NAME FINK, EDWARD R
STREET ADDRESS 2000 S. OCEAN DRIVE PH-3
CITY-ST-ZIP FORT LAUDERDALE FL 33316-3810

☒ Change ☐ Addition

TITLE TSD
NAME WILBUR, JOHN
STREET ADDRESS POST OFFICE BOX 24443
CITY-ST-ZIP FORT LAUDERDALE FL 33307

☒ Change ☐ Addition

TITLE D
NAME DORRENE REGENT
STREET ADDRESS PO BOX 24443
CITY-ST-ZIP FORT LAUDERDALE FL 33307

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

(954)
03-04-02 309-4878

CR2E037 (9/01)