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

DOCUMENT # N0100002989

NATIONAL SAVE OUR REEF FOUNDATION, INC.

FILED Jul 23, 2003 8:00 am Secretary of State
07-23-2003 90054 036 ****61.25

STREET ADDRESS CITY-ST-ZIP TITLE SD MOYLAN, LARRY STREET ADDRESS CITY-ST-ZIP TITLE UPTER FL 33401 TITLE SD MOYLAN, LARRY SOI SEAFARE CIRCLE JUPTER FL 33477 TITLE NAME STREET ADDRESS CITY-ST-ZIP	400C NORTH I	ce of Business FLAGLER DRIVE JEACH FL 33401	Mailing Address 400C NORTH FLAGLER DRIVE WEST PALM BEACH FL 33401						
Secret Address of Current Registered Agent Secret Address of Status Desired Secret Address of	2018	MAWARE GREEK	2018 MAINSAIC GRECE		= /	_			
6. Name and Address of Current Registered Agent 7. Name and Address of New Paghtered Agent MIESEN, RICHARD J 2018 MAIN SAIL CIRCLE JUPITER FL 33401 City FL Zp Code City FL Zp Code The obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligation of registered agent, or both, in t				FL	4. FEI Number 65	-1112090			
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MIESEN, RICHARD J 2018 MAIN SAIL CIRCLE JUPITER FL 33401 City FL Zep Code 6. The above named entity submitts 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 officigations of registered agent agent and title if displacable. NOTE Registered Agent significant request with an extraction of registered agent, in the State of Florida. I am familiar with, and accept the office of registered agent, or both, in the State of Florida. I am familiar with, and accept the office of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent and title in the state of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both and accept the familiar with, and									
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu	2018 MA	in sail circle	Total to						
SIGNATURE Signature, typed or privide forme of legislaterial agent and size if applicative (NOTE; Regislaterial agent segment requision when relimitative) DATE				City		F	Zip Coo	de	
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IN INC. ITILE MESSIN, RICHARD J 2018 MAIN SAIL CIRCLE JUPITER FL 33401 ITILE NAME MOYLAN, LARRY MOYLAN, LARRY STREET ADDRESS OCTY-51-2P JUPITER FL 33477 ITILE NAME STREET ADDRESS OCTY-51-2P JUPITER FL 33477 ITILE NAME STREET ADDRESS OCTY-51-2P TITLE STREET ADDRESS OCTY-51-2P TIT	the obligations of registered agent.								
After September 10, 2003, min will be \$236.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE CD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP JUPITER FL 33401 Delete TITLE NAME SD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP JUPITER FL 33477 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP JUPITER FL 33477 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE CITY-ST-ZIP TITLE Delete TITLE CITY-ST-ZIP TITLE Delete TITLE CITY-ST-ZIP TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE CITY-ST-ZIP TITLE DELETE CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE									
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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:

SIGNATUR