

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90041 043 ****61.25

DOCUMENT # N03173

1. Entity Name

HOLIDAY ISLES MARINE TRAINING & RESCUE GROUP, IN C.

Principal Place of Business

299 BOCO CIEGA DR
 MADEIRA BCH FL 33708
 US

Mailing Address

299 BOCO CIEGA DR
 MADEIRA BCH FL 33708
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2834825

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

DOLNEY, LEONARD
 7289 79TH NORTH
 PINELLAS PARK FL 33781

Name **DAVID W. GARDNER**

Street Address (P.O. Box Number is Not Acceptable)
8477 MERRIMBOR BLVD.

City **LARGO**

FL

Zip Code **33777**

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 *Leonard Dolney* 1/21/02
 Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)

David W. Gardner 1/21/02
 DATE **DAVID W. GARDNER**

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** ☒ Delete
 NAME **DOLNEY, LEONARD**
 STREET ADDRESS **7289 79TH ST N**
 CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **PD** ☒ Change ☒ Addition
 NAME **DAVID W. GARDNER**
 STREET ADDRESS **8477 MERRIMBOR BLVD.**
 CITY-ST-ZIP **LARGO, FL 33777**

TITLE **VD** ☐ Delete
 NAME **TOWNSEND, WILLIAM**
 STREET ADDRESS **220 176TH TERR DR**
 CITY-ST-ZIP **REDDINGTON SHORES FL 33708**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **HOLT, ANN**
 STREET ADDRESS **401 150TH AVE., APT. 232**
 CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE **TD** ☐ Change ☒ Addition
 NAME **ELIZABETH A. WEBER**
 STREET ADDRESS **5415 51ST TER N**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33709**

TITLE **SD** ☒ Delete
 NAME **EATON, BONNIE**
 STREET ADDRESS **203 132ND AVE. E.**
 CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE **SD** ☐ Change ☒ Addition
 NAME **NANCY L. GARDNER**
 STREET ADDRESS **8477 MERRIMBOR BLVD.**
 CITY-ST-ZIP **LARGO, FL 33777**

TITLE **D** ☒ Delete
 NAME **HOLT, KENNETH**
 STREET ADDRESS **401 150TH AVE., APT. 232**
 CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE **D** ☐ Change ☒ Addition
 NAME **TORRENCE E. ATTLED**
 STREET ADDRESS **10221 SAILWINDS BLVD. APT 10**
 CITY-ST-ZIP **LARGO, FL 33773**

TITLE **D** ☒ Delete
 NAME **KEATING, BRENDA**
 STREET ADDRESS **8780 79TH PL N**
 CITY-ST-ZIP **SEMINOLE FL 33777**

TITLE **D** ☐ Change ☒ Addition
 NAME **MICHAEL A. BROWN**
 STREET ADDRESS **15843 REDINGTON DR.**
 CITY-ST-ZIP **REDDINGTON BEACH, FL 33708**

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 life empowered.

SIGNATURE: *David W. Gardner*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02 727-393-3614
 Date Daytime Phone #

CR2E037 (9/01)