

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

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90090 040 ****61.25

DOCUMENT # N11153

1. Entity Name

GULF COAST MARINE INSTITUTE, INC.



Principal Place of Business

**301 7 ST EAST
BRADENTON FL 34208-1139**

Mailing Address

**ASSOCIATED MARINE INSTITUTES
5915 BENJAMIN CENTER DRIVE
TAMPA FL 33634**

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 **59-2553270**

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

**HULL, DAVID
SMITH, HULSEY, & BUSEY
225 WATER STREET STE. #1800
JACKSONVILLE FL 32202**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	BOAST, ROBERT J	
STREET ADDRESS	4827 14TH STREET WEST	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	TST	<input type="checkbox"/> Delete
NAME	LEWIS, REMONIA J	
STREET ADDRESS	207 60TH AVENUE E, APT A	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	T	<input type="checkbox"/> Delete
NAME	BEDDOW, CREIGHTON	
STREET ADDRESS	P. O. BOX 68	
CITY-ST-ZIP	PALMETTO FL 34220	
TITLE	CT	<input type="checkbox"/> Delete
NAME	NELSON, MARK	
STREET ADDRESS	2808 MANATEE AVE. W.	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	PT	<input type="checkbox"/> Delete
NAME	BARBER, JUNE	
STREET ADDRESS	5705 25TH STREET W.	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CARNEY, ELIZABETH	
STREET ADDRESS	P. O. BOX 1849	
CITY-ST-ZIP	BRADENTON FL 34206	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O.B. Stander	
STREET ADDRESS	5915 Benjamin Center Dr.	
CITY-ST-ZIP	Tampa, FL 33634	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

O.B. Stander 1/14/03 (813) 887-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)