

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N15400

FILED  
Jan 08, 2003  
Secretary of State

**Entity Name:** ORGANIZATION FOR ARTIFICIAL REEFS, INC.

## Current Principal Place of Business:

2545 BLAIRSTONE PINES DR  
100  
TALLAHASSEE, FL 32301 US

## New Principal Place of Business:

## Current Mailing Address:

2545 BLAIRSTONE PINES DR  
100  
TALLAHASSEE, FL 32301 US

## New Mailing Address:

**FEI Number:** 59-2709539

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

KOWALCHYK, DEAN C  
411 N. CALHOUN STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: BYRD, ANDREW  
Address: 3785 STIRLING COURT  
City-St-Zip: TALLAHASSEE, FL 32308

Title: S (X) Delete  
Name: BRACKEN, MATHHEW  
Address: 2444-A DARNELL CIRCLE  
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete  
Name: DAVIS, JIM,  
Address: 7175 DYKES RD.  
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete  
Name: THOMPSON, DON  
Address: 3075 HAWKS LANDING DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: VASCAVAGE, SCOTT  
Address: 2361 MAYAPPLE CT  
City-St-Zip: TALLAHASSEE, FL 32308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BUDA, ROB  
Address: 1192 BRAFFORTON DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CDS (X) Change ( ) Addition  
Name: VASCAVAGE, SCOTT  
Address: 2361 MAYAPPLE CT  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT VASCAVAGE

CDS

01/08/2003

Electronic Signature of Signing Officer or Director

Date