

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90039 012 \*\*\*\*70.00

**DOCUMENT # N20189**

1. Entity Name

**CLEARWATER MARINE SCIENCE CENTER FOUNDATION, INC**

Principal Place of Business

**249 WINDWARD PASSAGE  
CLEARWATER FL 34630**

Mailing Address

**249 WINDWARD PASSAGE  
CLEARWATER FL 33767  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip  
**33767**

Country

Zip

Country

4. FEI Number

**59-2869234**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KELLENBERGER, DENNIS  
1547 SOUTH BETTY LANE  
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete  
NAME **HOWES, RALPH H.**  
STREET ADDRESS **2438 ENTERPRISE #2626**  
CITY-ST-ZIP **CLEARWATER FL**TITLE **VP** ☐ Delete  
NAME **NICHOLSON, ANDY**  
STREET ADDRESS **3411 BRIARWOOD LANE**  
CITY-ST-ZIP **SAFETY HARBOR FL 34695**TITLE **SD** ☐ Delete  
NAME **MOORE, GARRY**  
STREET ADDRESS **1460 GULF BLVD BLDG 3 #405**  
CITY-ST-ZIP **CLEARWATER FL**TITLE **TD** ☐ Delete  
NAME **GRAHAM, JAMES**  
STREET ADDRESS **28100 US 19N STE 305**  
CITY-ST-ZIP **CLEARWATER FL 33761**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **NICHOLSON, ANDY**  
STREET ADDRESS **3411 BRIARWOOD LN**  
CITY-ST-ZIP **SAFETY HARBOR, FL 34695**TITLE **VP** ☒ Change ☐ Addition  
NAME **PATTERSON, ROBERT K**  
STREET ADDRESS **13 LEEWARD ISLAND**  
CITY-ST-ZIP **CLEARWATER, FL 33767**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **TD** ☒ Change ☐ Addition  
NAME **MERKEL, ERIC**  
STREET ADDRESS **1437 MONTE CARLO DR**  
CITY-ST-ZIP **CLEARWATER, FL 33767**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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.

**DENNIS KELLENBERGER****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

727/441-1790 EXT 228

Date

Daytime Phone #

CR2E037 (10/00)