

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90259 010 ****70.00

DOCUMENT # N20189

1. Entity Name

CLEARWATER MARINE SCIENCE CENTER FOUNDATION, INC

Principal Place of Business

Mailing Address

249 WINDWARD PASSAGE
 CLEARWATER FL 34630

249 WINDWARD PASSAGE
 CLEARWATER FL 33767
 US

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

59-2869234

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

KELLENBERGER, DENNIS
1547 SOUTH BETTY LANE
CLEARWATER FL 33756

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **NICHOLSON, ANDY**
 STREET ADDRESS **3411 BRIARWOOD LN**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **PD** ☒ Change ☐ Addition
 NAME **PATTERSON, ROBERT K**
 STREET ADDRESS **13 LEEWARD ISLAND**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **VP** ☐ Delete
 NAME **PATTERSON, ROBERT K**
 STREET ADDRESS **13 LEEWARD ISLAND**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE ☒ Change ☐ Addition
 NAME **NO VICE PRESIDENT AT THIS TIME**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **MOORE, GARRY**
 STREET ADDRESS **1460 GULF BLVD BLDG 3 #405**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Change ☐ Addition
 NAME **NO SECRETARY AT THIS TIME**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **MERKEL, ERIC**
 STREET ADDRESS **1437 MONTE CARLO DR**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE ☒ Change ☐ Addition
 NAME **PATTERSON, PATRICIA**
 STREET ADDRESS **13 LEEWARD ISLAND**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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]*

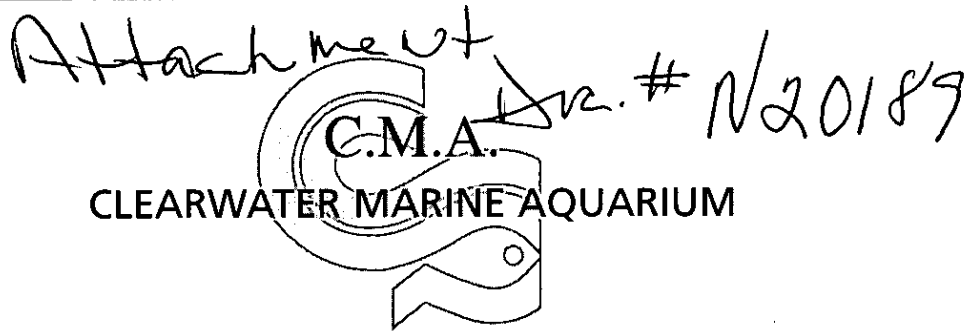
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2002

Date

Daytime Phone #

CR2E037 (9/01)



CLEARWATER MARINE AQUARIUM FOUNDATION, INC. DIRECTORS

HART, NANCY
1000 ELDORADO AVE.
CLEARWATER, FL 33767

RABON, KATHY
107 PARK STREET
SAFETY HARBOR, FL 34695

KELLENBERGER, DENNIS
1547 BETTY LANE S.
CLEARWATER, FL 33756