

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21646

1. Entity Name

NATIONAL SAVE THE SEA TURTLE FOUNDATION, INC.

Principal Place of Business

1519 W. TRADEWINDS AVE  
FT. LAUDERDALE FL 33308  
US

Mailing Address

4419 W. TRADEWINDS AVE  
FT. LAUDERDALE FL 33308  
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

59-2828707

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

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)

3/27/02  
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 ☐ Delete  
NAME D  
STREET ADDRESS WOJACK, FRANK P  
CITY-ST-ZIP 3617 NE 23 AVE.  
FT. LAUDERDALE FL 33308

TITLE ☐ Delete  
NAME D  
STREET ADDRESS YOUNG, JOHN  
CITY-ST-ZIP 2301 SE 17 ST.  
FT. LAUDERDALE FL 33316

TITLE ☐ Delete  
NAME C  
STREET ADDRESS NELSON, JAN  
CITY-ST-ZIP 4701 N. FEDERAL HWY.  
LIGHTHOUSE POINT FL 33064

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WOJACK, JUDITH A  
CITY-ST-ZIP 3617 NE 23RD AVE  
FORT LAUDERDALE FL 33308

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
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.

SIGNATURE:

3/27/02 (954) 351-9333

0028531

CR2E037 (9/01)

FILED  
Apr 08, 2002 8:00 am  
Secretary of State

04-08-2002 90121 001 \*\*\*\*\*8.75

04-08-2002 90121 002 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE