

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21746

1. Entity Name

THE NAUTILUS FOUNDATION, INC.

FILED

May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90100 038 \*\*\*\*61.25

Principal Place of Business

THE NAUTILUS FOUNDATION  
LLOYD CREEK RD  
LLOYD FL 32337  
US

Mailing Address

C/O COLLINS CENTER  
PO BOX 1658  
TALLAHASSEE FL 32302-1658  
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

59-2831678

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

PETREY, RODERICK N  
701 BRICKELL AVE  
STE 3000  
MIAMI FL 33131

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 D ☒ Delete  
NAME BUCHER, FRANCOIS  
STREET ADDRESS NAUTILUS DRIVE  
CITY-ST-ZIP LLOYD FL 32337

TITLE D ☐ Change ☒ Addition  
NAME RUMBERGER, THOM  
STREET ADDRESS P.O. BOX 10507, N.A.  
CITY-ST-ZIP TALLAHASSEE, FL 32302

TITLE DCPS ☐ Delete  
NAME PETREY, RODERICK N  
STREET ADDRESS STE 3000 701 BRICKELL AVE  
CITY-ST-ZIP MIAMI FL 33171

TITLE D ☐ Change ☒ Addition  
NAME AURELL, JANE COLLINS  
STREET ADDRESS 920 Line Oak Plantation Road  
CITY-ST-ZIP Tallahassee, FL 32312

TITLE D ☒ Delete  
NAME APTHORP, JAMES W  
STREET ADDRESS 1008 N DALE MABRY STE D-117  
CITY-ST-ZIP TAMPA FL 33618

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

TITLE D ☒ Delete  
NAME EMBRY, JOEL  
STREET ADDRESS 1812 HIGHLAND DR  
CITY-ST-ZIP FERNANDINA BEACH FL 32034

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)