

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90911 035 *****61.25

0014056

DOCUMENT # N21746

1. Entity Name

THE NAUTILUS FOUNDATION, INC.

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **RUMBERGER, THOM**
 CITY-ST-ZIP **PO BOX 10507 N.A,
 TALLAHASSEE FL 32302**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **403 E. Park Ave.**
 CITY-ST-ZIP **32301**

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

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **AURELL, JANE C**
 CITY-ST-ZIP **920 LINE OAK PLANTATION ROAD
 TALLAHASSEE FL 32312**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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:

RODERICK N. PETREY
 President

4/3401 (301) 789-7722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)