

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25381

1. Entity Name

SPACE COAST MARINE INSTITUTE, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90011 040 ****61.25

Principal Place of Business

Mailing Address

1000 INSPIRATION LANE
MELBOURNE FL 32934
US

ASSOCIATED MARINE INSTITUTES
5915 BENJAMIN CENTER DRIVE
TAMPA FL 33634-5239
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2869412

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HULL, DAVID J.
227 SOUTH CALHOUN
TALLAHASSEE FL 32302

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 ANDERSON, JASON
STREET ADDRESS 7770 NORTH WICKMAN RD
CITY-ST-ZIP MELBOURNE FL 32940

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

TITLE ☐ Delete
NAME BARCLAY, JEAN
STREET ADDRESS 1805 BLUE HORN DR
CITY-ST-ZIP VIERA FL 32940

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

TITLE ☐ Delete
NAME CARUSO, JOAN
STREET ADDRESS 1085 CAROL CT
CITY-ST-ZIP MERRITT ISLAND FL 32952

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

TITLE ☐ Delete
NAME WEAVER, ROBERT S (BOB)
STREET ADDRESS 5915 BENJAMIN CENTER DRIVE
CITY-ST-ZIP TAMPA FL 33634

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

TITLE ☐ Delete
NAME JACOBUS, HONORABLE BRUC
STREET ADDRESS 2825 JUDGE FRAN JAMISON WAY
CITY-ST-ZIP MELBOURNE FL 32940

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

TITLE ☐ Delete
NAME MAY, LINDA J
STREET ADDRESS 1700 SANDPIPER ST
CITY-ST-ZIP MERRITT ISLAND FL 32952

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)

See attached list

Robert S. Weaver / 5/9/00 (813) 887-3300

125081

Attachment
00039061

FEB-16-00 02:15 AM

P. 01

SPACE COAST MARINE INSTITUTE BOARD OF TRUSTEES

CHAIRPERSON:
PRESIDENT:
TREASURER:

Joan Caruso
Tommy Moore
Brian Fisher

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