

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25437

1. Entity Name

GULF MARINE EDUCATION FOUNDATION, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90093 015 ****61.25

Principal Place of Business

Mailing Address

1. WILDCAT DRIVE
GLEN SR. MARY FL 32040
US

1 WILDCAT DR
GLEN ST MARY FL 32040-9611
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 **NOT APPLICABLE**

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

MCCASKILL, MICHAEL
1 WILDCAT DR
BAKER COUNTY HIGH SCHOOL
GLEN ST MARY FL 32040

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 MCCASKILL, MICHAEL
STREET ADDRESS 108 BRIARWOOD CIRCLE
CITY-ST-ZIP GLEN ST MARY FL 32046

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

TITLE ☐ Delete
NAME WHITMAN, DICK
STREET ADDRESS P.O. BOX 836 N/A
CITY-ST-ZIP OLD TOWN FL

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

TITLE ☐ Delete
NAME HASTINGS, BOB
STREET ADDRESS P.O. BOX 1426 N/A
CITY-ST-ZIP CHIEFLND FL

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

TITLE ☐ Delete
NAME UNDERHILL, LARRY
STREET ADDRESS P.O. BOX 1036 N/A
CITY-ST-ZIP CROSS CITY FL

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

TITLE ☐ Delete
NAME BOND, TED
STREET ADDRESS 5875 WEST BROMLEY CIRCLE
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE ☒ Change ☐ Addition
NAME **TED BOND**
STREET ADDRESS **1355 EAST MCKINLEY**
CITY-ST-ZIP **HERNANDO, FL 34442**

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: *Michael McCaskill* MICHAEL McCaskill 4.18.00 904 259 6995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #