

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26458

1. Entity Name

FLORIDA KEYS MARINE SANCTUARY, INC.

Principal Place of Business

LOOE KEY DIVE CENTER  
27340 OVERSEAS HWY  
RAMROD KEY FL 33042  
US

Mailing Address

P.O. BOX 509  
SUMMERLAND KEY FL 33042  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0165734

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

GLENN, JOSEPH P  
27340 OVERSEAS HWY  
RAMROD KEY FL 33042

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	PD	<input type="checkbox"/> Delete
NAME	GLENN, JOSEPH P	
STREET ADDRESS	27340 OVERSEAS HWY	
CITY-ST-ZIP	RAMROD KEY FL 33042	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GLENN, WENDY	
STREET ADDRESS	P.O. BOX 420428	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SLATE, AMY	
STREET ADDRESS	104250 OVERSEAS HWY	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNUTH, PATRICIA M	
STREET ADDRESS	P.O. BOX 1014	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
TITLE	D	<input type="checkbox"/> Delete
NAME	RILEY, LEO	
STREET ADDRESS	P.O. BOX 420278	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

FILED  
Mar 21, 2000 8:00 am  
Secretary of State

03-21-2000 90088 032 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)