

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2002 8:00 am
Secretary of State

08-15-2002 90048 030 ***226.25

DOCUMENT # N26458

1. Entity Name

FLORIDA KEYS MARINE SANCTUARY, INC.

Principal Place of Business

Mailing Address

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

P.O. BOX 503
 SUMMERLAND KEY FL 33042
 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

65-0165734

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be **\$236.25**

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 ☐ Delete
 NAME GLENN, JOSEPH P
 STREET ADDRESS 27340 OVERSEAS HWY
 CITY-ST-ZIP RAMROD KEY FL 33042

TITLE ☐ Change ☐ Addition
 NAME PD JOE GLENN
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD ☒ Delete
 NAME GLENN, WENDY
 STREET ADDRESS P.O. BOX 420428
 CITY-ST-ZIP SUMMERLAND KEY FL 33042

TITLE ☐ Change ☐ Addition
 NAME VD AMY SLATE
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME SLATE, AMY
 STREET ADDRESS 104250 OVERSEAS HWY
 CITY-ST-ZIP KEY LARGO FL 33037

TITLE ☐ Change ☐ Addition
 NAME D LEO RILEY
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☒ Delete
 NAME KNUTH, PATRICIA M
 STREET ADDRESS P.O. BOX 1014
 CITY-ST-ZIP SUMMERLAND KEY FL 33042

TITLE ☐ Change ☒ Addition
 NAME D. JAN NELSON
 STREET ADDRESS 2601 S ROSSWELL BLVD UNIT 3C
 CITY-ST-ZIP Key West FL 33040

TITLE D ☐ Delete
 NAME RILEY, LEO
 STREET ADDRESS P.O. BOX 420278
 CITY-ST-ZIP SUMMERLAND KEY FL 33042

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

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: JOSEPH P GLENN President 8/11/02 3059231033

CR2E037 (4/02)