

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90057 002 ****61.25

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 664
SUMMERLAND KEY FL 33042
US**

90007099



☐ CHECK HERE IF MAKING CHANGES

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

33040

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	GLENN, JOSEPH P	27340 OVERSEAS HWY	RAMROD KEY FL 33042	<input type="checkbox"/>
VD	SLATE, AMY	104250 OVERSEAS HWY	KEY LARGO FL 33037	<input checked="" type="checkbox"/>
D	RILEY, LEO	P.O. BOX 420278	SUMMERLAND KEY FL 33042	<input type="checkbox"/>
D	NELSON, JAN	2801 S ROOSUECES BLVD UNIT 3C	KEY WEST FL 33040	<input type="checkbox"/>
VD	ELANA TAYLOR	628 FLEMING ST	KEY WEST FL 33040	<input type="checkbox"/>
				<input type="checkbox"/>

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

CR2E037 (10/02)

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:

1-10-02 3054231033