

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26523

1. Entity Name

OCEAN WATCH FOUNDATION, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90031 001 ****61.25

Principal Place of Business Mailing Address
P.O. BOX 462 P.O. BOX 462
FT. LAUDERDALE FL 33302 FT. LAUDERDALE FL 33302-0462

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 65-0071849 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

KACZMAREK, JOHN C ESQ.
370 W CAMINO GARDENS BOULEVARD
SUITE 200B
BOCA RATON FL 33432

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 DT ☒ Delete
NAME WEISS, LEIGHTON
STREET ADDRESS 1512 SE 4TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE DT ☐ Change ☒ Addition
NAME Burns, Debbie
STREET ADDRESS 1644 NE 33 ST.
CITY-ST-ZIP Ft. Laud. FL. 33334

TITLE D ☐ Delete
NAME WATSON, NEAL
STREET ADDRESS 1047 SE 17TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE ☒ Change ☐ Addition
NAME Watson, Neal
STREET ADDRESS 1525 S Andrews Ave #215
CITY-ST-ZIP Ft. Laud. FL. 33314

TITLE P ☐ Delete
NAME WOODHOUSE, LINDA
STREET ADDRESS 1950 SE 19TH ST
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☒ Change ☐ Addition
NAME Woodhouse, Linda
STREET ADDRESS 1003 SE 5th St
CITY-ST-ZIP Deerfield Bch. FL 33441

TITLE D ☐ Delete
NAME KACZMAREK, JOHN C
STREET ADDRESS 370 W CAMINO GARDENS BOULEVARD STE 200B
CITY-ST-ZIP BOCA RATON FL 33432

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

TITLE SD ☐ Delete
NAME CIUCEVICH, JULIE
STREET ADDRESS 215 NW 25TH ST, #10
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☒ Change ☐ Addition
NAME Ciucevich, Julie
STREET ADDRESS 215 NW 25th St #10
CITY-ST-ZIP Ft. Laud. FL. 33311

TITLE DVP ☐ Delete
NAME CASSIDY, KEN
STREET ADDRESS 130 CYPRESS CLUB DRIVE UNIT 331
CITY-ST-ZIP POMPANO BEACH FL 33060

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 REQUIRED** 2-7-00 (954) 760-5307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #