

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26523

1. Entity Name

OCEAN WATCH FOUNDATION, INC.

Principal Place of Business

P.O. BOX 462
FT. LAUDERDALE FL 33302

Mailing Address

P.O. BOX 462
FT. LAUDERDALE FL 33302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 NAME STREET ADDRESS CITY-ST-ZIP | DT BURNS, DEBBIE 1308 SE 1 ST POMPAÑO BEACH FL 33060 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CASSIDY, LINDA F 130 CYPRESS CLUB DR, #331 POMPAÑO BEACH FL 33060 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WOODHOUSE, LINDA 1003 SE 5TH CT DEERFIELD BEACH FL 33441 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KACZMAREK, JOHN C 370 W CAMINO GARDENS BOULEVARD STE 200B BOCA RATON FL 33432 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CIUCEVICH, JULIE 215 NW 25TH ST, #10 FORT LAUDERDALE FL 33311 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP CASSIDY, KEN 130 CYPRESS CLUB DRIVE UNIT 331 POMPAÑO BEACH FL 33060 | <input checked="" type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP Bill Roe 501 N. Ocean Blvd. # 10 Pompano Beach, Florida 33062 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT Dominick Senna 980 N. Federal Hwy. # 304 Boca Raton, Florida 33432 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Mary Antoine 2201 S.E. 9th Street #103 Pompano Beach, Florida 33062 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Clint Whitaker 1131 N.W. 75 Terrace Plantation, Florida 33313 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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: Julie Ciucevich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90004 049 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0071849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/01)

1-25-02 954-564-0801

Attachment

BLOCK 10 (CONTINUED)

Neal Watson

Delete

And any other Officers or Directors not consistent with this report.

N86523
407552

BLOCK 11

| Title | D | Addition |
|-------|--------------------------------|----------|
| Name | Mary Corso | |
| Add. | 28 S.E. 8 th Avenue | |
| | Deerfield Beach, Florida 33441 | |

| Title | D | Addition |
|---------|-----------------------------------|----------|
| Name | Harley Schmude | |
| Address | 2711 N.E. 49 th Street | |
| | Fort Lauderdale, Florida 33308 | |

| Title | D | Addition |
|---------|---|----------|
| Name | Richard Villarruel | |
| Address | C/O VidCard Productions | |
| | 909 N. Miami Beach Boulevard, Suite 204 | |
| | North Miami Beach, Florida 33162 | |