

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

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90098 020 ****61.25

DOCUMENT # N26523

1. Entity Name

OCEAN WATCH FOUNDATION, INC.



Principal Place of Business

P.O. BOX 5494
LIGHTHOUSE POINT FL 33074

Mailing Address

P.O. BOX 5494
LIGHTHOUSE POINT FL 33074

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

TITLE	DT	<input type="checkbox"/> Delete
NAME	SENNA, DOMINICK	
STREET ADDRESS	980 N FEDERAL HWY 304	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITAKER, CLINT	
STREET ADDRESS	1131 NW 75 TERRACE	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ROE, BILL	
STREET ADDRESS	501 N OCEAN BLVD #10	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KACZMAREK, JOHN C	
STREET ADDRESS	370 W CAMINO GARDENS BOULEVARD STE 200B	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	DSP	<input type="checkbox"/> Delete
NAME	CIUCEVICH, JULIE	
STREET ADDRESS	215 NW 25TH ST, #10	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANTOINE, MARY	
STREET ADDRESS	2201 S E 9TH STREET 103	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director - President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIUCEVICH, Julie	
STREET ADDRESS	Address OK	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Corso	
STREET ADDRESS	Lighthouse Point,	
CITY-ST-ZIP	4031-NE 25 Avenue FL 33064	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol Whitaker	
STREET ADDRESS	1131 NW 75 Terrace Plantation, FL 33313	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerry Murphy	
STREET ADDRESS	2801 Palm Aire Drive #104	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	G. Rose	
STREET ADDRESS	3928 NW 73 Avenue	
CITY-ST-ZIP	Coral Springs, FL 33065	
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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

TEAMS.

1-28-03

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4167-1566

CR2E037 (10/02)