

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36889

1. Entity Name

FLORIDA MARINE MAMMAL STRANDING NETWORK - SOUTHW

**FILED**  
**Jun 12, 2000 8:00 am**  
**Secretary of State**

06-12-2000 90032 018 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O SUZANNE D. LANIER  
5801 PELICAN BAY BLVD., S-405  
NAPLES FL 33963-2740

1628 CORONADO RD  
FT MYERS FL 33901-6902  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0198180

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LANIER, SUZANNE D.  
5801 PELICAN BAY BLVD.  
S-405  
NAPLES FL 33963-2740

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 PD ☐ Delete  
NAME BELLUCCI, JOEL  
STREET ADDRESS 5250 ESTERO BLVD APT 5  
CITY-ST-ZIP FT MYERS BCH FL 33931

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

TITLE VP ☐ Delete  
NAME WILKE, NATALIE  
STREET ADDRESS 1481G MARKET CIRCLE  
CITY-ST-ZIP PORT CHARLOTTE FL 33953

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

TITLE TD ☐ Delete  
NAME WASNO, BOB  
STREET ADDRESS 1500 MONROE ST 3RD FLR  
CITY-ST-ZIP FT MYERS FL 33901

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

TITLE S ☐ Delete  
NAME BARNES, TOMMA  
STREET ADDRESS 2301 MCGREGOR BLVD  
CITY-ST-ZIP FT MYERS FL 33901

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

TITLE D ☐ Delete  
NAME MYERS, GARY  
STREET ADDRESS 941-D TAMiami TRAIL  
CITY-ST-ZIP PORT CHARLOTTE FL

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

TITLE D ☐ Delete  
NAME BERTONE, STEVE  
STREET ADDRESS 300 TOWER RD  
CITY-ST-ZIP NAPLES FL 33142

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

June 7, 00

941-479-8131

CR2E037 (9/99)