

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90033 006 ****61.25

DOCUMENT # N36889

1. Entity Name

FLORIDA MARINE MAMMAL STRANDING NETWORK - SOUTHW

Principal Place of Business

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

Mailing Address

1628 CORONADO RD
 FT MYERS FL 33901
 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	<input checked="" type="checkbox"/> Delete
NAME	BELLUCCI, JOEL <i>Lucy</i>	
STREET ADDRESS	5250 ESTERO BLVD APT 5	
CITY-ST-ZIP	FT MYERS BCH FL 33931	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WILKE, NATALIE <i>Arden</i>	
STREET ADDRESS	1481G MARKET CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33953	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WASNO, BOB <i>James</i>	
STREET ADDRESS	1500 MONROE ST 3RD FLR	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BARNES, TOMMA <i>Gary</i>	
STREET ADDRESS	2301 MCGREGOR BLVD	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MYERS, GARY <i>Bob</i>	
STREET ADDRESS	941-D TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERTONE, STEVE <i>Joel</i>	
STREET ADDRESS	300 TOWER RD	
CITY-ST-ZIP	NAPLES FL 33142	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lucy Keith	
STREET ADDRESS	1481G Market Circle, Unit 7	
CITY-ST-ZIP	Port Charlotte, FL 33953	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arden Arrington	
STREET ADDRESS	P.O. Box 55	
CITY-ST-ZIP	Ft. Myers Beach, FL 33932	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Evans	
STREET ADDRESS	City of Sanibel	
CITY-ST-ZIP	800 Dunlop Rd Sanibel, FL 33957	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary Myers	
STREET ADDRESS	941-D Tamiami Trail	
CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Wasno	
STREET ADDRESS	1628 Coronado Road	
CITY-ST-ZIP	Ft. Myers, FL 33901	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joel Bellucci	
STREET ADDRESS	412 73rd Ave., Apt.	
CITY-ST-ZIP	St. Pete Beach, FL 33706	

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:

Joel Bellucci REGISTERED AGENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-2001 (727) 363-4792

Date

Daytime Phone #

CR2E037 (10/00)

0068126