

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90063 040 ****70.00

DOCUMENT # N36889

1. Entity Name

**FLORIDA MARINE MAMMAL STRANDING NETWORK - SOUTHW
 EST REGION, INC.**

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
 US

2. Principal Place of Business

3. Mailing Address

15142 IONA LAKES DR P.O. BOX 814

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FORT MYERS, FL

City & State

City & State

33908 U.S.A.

SANIBEL, FL

Zip

Country

Zip

Country

33908

U.S.A.

33957-0814

U.S.A.

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 JAMES T. EVANS III

Street Address (P.O. Box Number is Not Acceptable)
 15142 IONA LAKES DR

City FORT MYERS

FL

Zip Code 33908

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 JAMES T. EVANS III JAMES T. EVANS III TREASURER 2/22/02
 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 D ☐ Delete
 NAME BELLUCCI, JOEL
 STREET ADDRESS 412 73RD AVENUE
 CITY-ST-ZIP SAINT PETERSBURG FL 33706

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

TITLE PD ☐ Delete
 NAME KEITH, LUCY
 STREET ADDRESS 1481 G MARKET CIRCLE, UNIT 7
 CITY-ST-ZIP PORT CHARLOTTE FL 33953

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

TITLE D ☐ Delete
 NAME WASNO, BOB
 STREET ADDRESS 1628 CORONADO ROAD
 CITY-ST-ZIP FT MYERS FL 33901

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

TITLE VP ☐ Delete
 NAME ARRINGTON, ARDEN
 STREET ADDRESS PO BOX 55
 CITY-ST-ZIP FORT MYERS BEACH FL 33932

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

TITLE S ☐ Delete
 NAME MYERS, GARY
 STREET ADDRESS 941-D TAMiami TRAIL
 CITY-ST-ZIP PORT CHARLOTTE FL 33952

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

TITLE TD ☐ Delete
 NAME EVANS, JAMES
 STREET ADDRESS CITY OF SANIBEL, 800 DUNLOP ROAD
 CITY-ST-ZIP SANIBEL FL 33957

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: JAMES T. EVANS III
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02 (741) 472-3700
 Date Daytime Phone #

CR2E037 (9/01)