2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N42017 May 03, 2001 8:00 am Secretary of State 1. Entity Name 05-03-2001 90990 036 ****61.25 ALACHUA REGIONAL MARINE INSTITUTE, INC. PAlachua Regional Marine Institute, Inc. Associated Marine Institutes Route 2, Box 185 5915 Benjamin Center Drive Micanopy, FL 32667 Tampa, FL 33634 C0058936 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3048922 Not Applicable Zip Country Country Zip 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 Hull David J. Street Address (P.O. Box Number is Not Acceptable) Smith, Hulsey & Busey: 225 Water Street, Ste. 1800 City Zip Code Jacksonville, FL 32202 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: 9. Election Campaign Financing Make Check Payable to -\$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP ☐ Addition TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STRÉET ADDRESS CITY-ST-ZIF TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLĖ ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby 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 drawwered. SIGNATURE: _-O.B.Stander **/16/01** 313-887-3300 SIGNING OFFICER OR DIRECTOR

HOCHMENT DOCH N42017-CC058936 ALACHUA REGIONAL MARINE INSTITUTE BOARD OF TRUSTEES

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