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

FILED
Jan 23, 2003 8:00 am
Secretary of State
01-23-2003 90183 047 ****61.25

DOCUMENT # N42017

1. Entity Name
GAINESVILLE WILDERNESS INSTITUTE, INC.

Principal Place of Business	Mailing Address
5324 SUNSET ROAD NEW PORT RICHEY FL 34652 US	5324 SUNSET ROAD NEW PORT RICHEY FL 34652 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
100 SE 134th Ave.	Associated Marine Institutes
Suite, Apt. #, etc.	Suite, Apt. #, etc. 5915 Benjamin Center Dr.
City & State Micanopy, FL	City & State Tampa, FL
Zip 32667 Country US	Zip 33634 Country US

4. FEI Number 59-3048922 ☐ Applied For ☐ Not Applicable

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 SMITH, HUSLEY & BUSEY 225 WATER STREET, SUITE 1800 JACKSONVILLE FL 32202	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BASKIN, CARL 511 NE 25TH STREET GAINESVILLE FL 32601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CLAYTON, JAMES P. O. BOX 23939 GAINESVILLE FL 32602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STT NORMA, GREEN PO BOX 117626 GAINESVILLE FL 32611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DUPREE, SHERRY 3000 NW 85TH STREET GAINESVILLE FL 32607	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O.B. Stander 5915 Benjamin Center Dr. Tampa, FL 33634	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COKER, MARY D P. O. BOX 23109 GAINESVILLE FL 32602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT GRIMM, LOUISE 2621 SE HAWTHORNE ROAD GAINESVILLE FL 32641	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD	☒ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED O.B. Stander 1/14/03 (813)887-3300