

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90006 043 ****61.25

DOCUMENT # N42208

1. Entity Name

SOUTHWEST FLORIDA MARINE INSTITUTE, INC.

Principal Place of Business

**SOUTHWEST FLORIDA MARINE INSTITUTE
 1190 MAIN ST
 FT. MYERS FL 33901**

Mailing Address

**ASSOCIATED MARINE INSTITUTES
 5915 BENJAMIN CENTER DRIVE
 TAMPA FL 33634**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3052865

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, HULSEY, & BUSEY
 225 WATER STREET STE., #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.

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 ☐ Delete
 NAME **HARTER, BRUCE**
 STREET ADDRESS **2055 CENTRAL AVE**
 CITY-ST-ZIP **FT MYERS FL 33901**

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

TITLE ☒ Delete
 NAME **HENSON, J M**
 STREET ADDRESS **719 SAN CARLOS DR**
 CITY-ST-ZIP **FORT MYERS BEACH FL 33931-2221**

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

TITLE ☐ Delete
 NAME **HUBBARD-ROBINSON, JACQUELINE**
 STREET ADDRESS **2110 FIRST ST STE 3-137**
 CITY-ST-ZIP **FORT MYERS FL 33901**

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

TITLE ☐ Delete
 NAME **JORGENSEN, ERIK**
 STREET ADDRESS **1241 FERRY RD**
 CITY-ST-ZIP **SANIBEL FL 33957**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1870 Farm TRAIL**
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **KRYMSKI, KAREN**
 STREET ADDRESS **6301 HOFSTRA CT**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Change ☒ Addition
 NAME **OB STANDER**
 STREET ADDRESS **5915 BENJAMIN CENTER DR.**
 CITY-ST-ZIP **TAMPA, FL 33634**

TITLE ☐ Delete
 NAME **MCGAHA, JOHNNY**
 STREET ADDRESS **19501 TREELINE BLVD S**
 CITY-ST-ZIP **FT MYERS FL 33965-6565**

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 REQUIRED

OB STANDER 1/9/02 (813) 887-3300

Date

Daytime Phone #

CR2E037 (9/01)