

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90078 048 ****61.25

DOCUMENT # N45413

1. Entity Name

SURFRIDER FOUNDATION - SOUTH FLORIDA, INC.



Principal Place of Business

**120 1/2 E EL CAMINO RD
207
SAN CLEMENTE CA 92672**

Mailing Address

**122 S EL CAMINO REAL
#67
SAN CLEMENTE CA 92672**

80007153



2. Principal Place of Business

3. Mailing Address

PO Box 6010

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

San Clemente CA

4. FEI Number **95-3941826**

Applied For

Not Applicable

Zip

Country

92674-6010

Country

USA

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

**WALTHER, MICHAEL
3625 20TH ST.
VERO BEACH FL 32980**

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 ☒ Delete
NAME **CHYTILO, MARC**
STREET ADDRESS **P.O. BOX 92233**
CITY-ST-ZIP **SANTA BARBARA CA 93190**

TITLE **Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **V-C**
STREET ADDRESS **DAVIS, TOM**
CITY-ST-ZIP **580 BROADWAY**
LAGUNA BEACH CA 92651

TITLE ☒ Change ☒ Addition
NAME **Chair**
STREET ADDRESS **Mike Orbach**
CITY-ST-ZIP **135 Duke Marine Lab Rd**
Beaufort, NC 28516

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **HOBBI, BILL**
CITY-ST-ZIP **600 CALIFORNIA ST, 8TH FLOOR**
SAN FRANCISCO CA 94108

TITLE ☒ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **Will Novy Hidesky**
CITY-ST-ZIP **2630 SW Patton Rd**
Portland, OR 97201

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BALLIET, KRIS**
CITY-ST-ZIP **425 G STREET, #450**
ANCHORAGE AK 99501

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BERG, JEFF**
CITY-ST-ZIP **352 W. PASEO DE CRISTOBOL**
SAN CLEMENTE CA 92672

TITLE ☒ Change ☐ Addition
NAME **Vice-Chair**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SPALDING, MARK**
CITY-ST-ZIP **11055 CEDARCREST WAY**
SAN DIEGO CA 92121

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

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

1-6-03