

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000098

1. Entity Name

SOUTHERN OCEANS ARCHAEOLOGICAL RESEARCH, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90080 033 ****70.00

Principal Place of Business

Mailing Address

1205 MALDONADO DRIVE
PENSACOLA BEACH FL 32561

P.O. BOX 13512
PENSACOLA FL 32591-3512

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3185783

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANKLIN, MARIANNE
1205 MALDONADO DRIVE
PENSACOLA BEACH FL 32561

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 PD ☒ Delete
NAME MORRIS, III J
STREET ADDRESS 2842 COASTAL HWY
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE No Longer Officer, D Only ☒ Change ☐ Addition
NAME Morris, John W. III
STREET ADDRESS 2842 Coastal Hwy., St. Augustine, FL 32084
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME WEINSTEIN, ERI
STREET ADDRESS 2001 CHERRYWOOD
CITY-ST-ZIP AUSTIN TE 78722

TITLE No Change ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RODERICK, MATHER
STREET ADDRESS UNIVERSITY OF RHODE ISLAND
CITY-ST-ZIP KINGSTON RI 02881

TITLE D and V ☒ Change ☐ Addition
NAME Change Status Only
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME FRANKLIN, MARIANNE
STREET ADDRESS 1205 MALDONADO
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE P,S,D ☒ Change ☐ Addition
NAME Change Status Only
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T and V ☐ Change ☒ Addition
NAME Betsy Carlson
STREET ADDRESS 4030 NW 19th Place
CITY-ST-ZIP Gainesville, FL 32605

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 April 2000 (850) 572-2763
Date Daytime Phone #