

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # N93000003179

1. Entity Name

WEST FLORIDA WILDERNESS INSTITUTE, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90011 036 \*\*\*\*61.25

Principal Place of Business

ROUTE 2 BOX 1789  
PONCE DE LEON FL 32455

Mailing Address

ASSOCIATED MARINE INSTITUTES  
5915 BENJAMIN CENTER DRIVE  
TAMPA FL 33634-5239

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

59-3191292

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  
% AUSLEY, MCMULLEN, MCGEEHEE, ETAL  
227 S CALHOUN ST  
TALLAHASSEE FL 32302

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
T	WEAVER, ROBERT S (BOB)	5915 BENJAMIN CENTER DRIVE	TAMPA FL 33634	<input checked="" type="checkbox"/>	T	Robert S. Weaver	5915 Benjamin Ctr. Dr.	Tampa, FL 33634	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	ANSTEAD, SUE MRS	1128 COE LANDING ROAD	TALLAHASSEE FL 32310	<input checked="" type="checkbox"/>	T	S. B. Anstead	5915 Benjamin Ctr. Dr.	Tampa, FL 33634	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	BARNES, WILSON MR	500 S DUVAL STREET	TALLAHASSEE FL 32399	<input checked="" type="checkbox"/>	T	Frederick D. Kremer	5915 Benjamin Ctr. Dr.	Tampa, FL 33634	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	DUPREE, FRED	2949 VELDA DAIRY RD	TALLAHASSEE FL 32308	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	HAMPTON, PHYLLIS MRS	LEGAL DEPT., ROOM 209	TALLAHASSEE FL 32399-0001	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	JOE, LENITA MRS	5150 RED FOX RUN RD	TALLAHASSEE FL 32303	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Days Phone #

Frederick Kremer 3/9/00 (813) 887-3382

CR2E037 (9/99)