

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003179

1. Entity Name

WEST FLORIDA WILDERNESS INSTITUTE, INC.

Principal Place of Business

West Florida Wilderness Institute  
1912 Old Mt. Zion Road  
Ponce De Leon, FL 32455

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  
59-3191292

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.  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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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:

O.B. Stander

4/16/01

313-887-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90990 008 \*\*\*\*61.25

C0058913

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)

Attachment Doc # N93000003179

West Florida Wilderness Institute Inc.

C6658913

Robert S. Weaver, Chairman  
5915 Benjamin Center Drive  
Tampa, FL 33634

O.B. Stander, President  
5915 Benjamin Center Drive  
Tampa, FL 33634

Frederick D. Kremer, Secretary/Treasurer  
5915 Benjamin Center Drive  
Tampa, FL 33634