

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90228 028 ****61.25

DOCUMENT # N93000003179

1. Entity Name

West Florida Wilderness Institute, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1912 Old Mt. Zion Road

Suite, Apt. #, etc.

3. Mailing Address
Associated Marine Institutes

Suite, Apt. #, etc.

5915 Benjamin Center Drive

City & State
Ponce de Leon, FL

City & State
Tampa, FL

4. FEI Number
59-3191292

Applied For
Not Applicable

Zip
32455

Country
US

Zip
33634

Country
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Hull, David J Smith, Hulsey & Busey

Street Address (P.O. Box Number is Not Acceptable)

225 Water Street, Ste. 1800

City Jacksonville

FL Zip Code
32202

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
Natalie Mann
5915 Benjamin Center Drive
Tampa, FL 33634

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

O.B. Stander

1/14/03

(813) 887-3300

Date

Daytime Phone #

CR2E037B (12/02)