

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000003709**

1. Entity Name

SUGARLOAF DOLPHIN SANCTUARY, INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90119 006 ****61.25

Principal Place of Business

Mailing Address

SUGARLOAF LODGE
MM 17
SUGARLOAF KEY FL 33044
US**SUGARLOAF LODGE**
MM 17
SUGARLOAF KEY FL 33044
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0447425

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

GOOD, LLOYD A III
M.M. 17 U.S. HIGHWAY #1
SUGARLOAF LODGE
SUGARLOAF KEY FL 33044

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
NAME **GOOD, LLOYD A III**
STREET ADDRESS **SUGARLOAF LODGE / MM17**
CITY-ST-ZIP **SUGARLOAF KEY FL**TITLE **D** ☐ Delete
NAME **GOOD, JOHN B**
STREET ADDRESS **SUGARLOAF LODGE, MM17**
CITY-ST-ZIP **SUGARLOAF KEY FL**TITLE **D** ☐ Delete
NAME **DUNCAN, CAHTERINE**
STREET ADDRESS **SUGARLOAF LODGE, MM17**
CITY-ST-ZIP **SUGARLOAF KEY FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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:

LLOYD A. GOOD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/28/2000**
Date**305 744 009**
Daytime Phone #