

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005031

1. Entity Name

UNDERSEA RESEARCH FOUNDATION, INC.

Principal Place of Business

490 CARIBBEAN BLVD.
KEY LARGO FL 33037

Mailing Address

490 CARIBBEAN BLVD.
KEY LARGO FL 33037

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0464630

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FISHER, MARSHALL B
9655 SOUTH DIXIE HIGHWAY
SUITE 300
MIAMI FL 33156

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RUTKOWSKI, RICHARD L	
STREET ADDRESS	490 CARIBBEAN BLVD.	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WELLS, J M	
STREET ADDRESS	BOX 696, ROUTE 617	
CITY-ST-ZIP	NORTH VA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PHOEL, WILLIAM C	
STREET ADDRESS	35 FREEMAN CT.	
CITY-ST-ZIP	TOMS RIVER NJ 08753	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

J M WELLS RED WELLS

2/03/02 804-725-5744

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90081 029 ****61.25

00030722



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)