

2000 UNIFORM BUSINESS REPORT (UBR)

1/

DOCUMENT # N93000005602

1. Entity Name

MARINE MAMMAL RESCUE FOUNDATION OF THE UPPER KEY

Principal Place of Business

31 CORRINE PLACE
KEY LARGO FL 33037

Mailing Address

31 CORRINE PLACE
KEY LARGO FL 33037-4203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CERMAK, LYNN
31 CORRINE PLACE
KEY LARGO FL 33037

Name

ARTHUR COOPER

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

City

KEY LARGO

FL

Zip Code

33037

4. FEI Number

65-0455644

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

Arthur G. Cooper

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/29/99

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	PT	<input checked="" type="checkbox"/> Delete
NAME	CERMAK, LYNN	
STREET ADDRESS	11 PARK DR	
CITY-ST-ZIP	KEY LARGO FL 33032	
TITLE	VD HOAGLAND	<input type="checkbox"/> Delete
NAME	HOAGLAND, PETER	
STREET ADDRESS	87 BASS AVE.	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LAPIERRE, NICOLE	
STREET ADDRESS	1463 WOODPECKER ST	
CITY-ST-ZIP	HOMESTEAD FL 33035	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CERMAK, LYNN	
STREET ADDRESS	11 PARK DR.	
CITY-ST-ZIP	KEY LARGO FL 33037	
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTHUR COOPER	
STREET ADDRESS	1631 NW 19TH ST.	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTINA VALLES	
STREET ADDRESS	20 FISHERMAN STR.	
CITY-ST-ZIP	KEY LARGO, FL 33037	
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		
STREET ADDRESS		
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:

ARTHUR COOPER PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-24-00

Daytime Phone #

305-451-1923

FILED
Apr 28, 2000 8:00 am
Secretary of State

01-29-2000 90116 013 ****61.25



DO NOT WRITE IN THIS SPACE