

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003747

1. Entity Name

EAST ORLANDO MARINE INSTITUTE, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90011 047 ****61.25

Principal Place of Business	Mailing Address
1461 SOUTH LAKE PLEASANT APOPKA FL 32703	ASSOCIATED MARINE INSTITUTES 5915 BENJAMIN CENTER DRIVE TAMPA FL 33634-5239

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3045041	Not Applicable

5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HULL, DAVID J 227 S. CALHOUN ST. MACFARLANE, AUSLEY, ET AL TALLAHASSEE FL 32302	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
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
<table><tr><td>TITLE</td><td>T</td><td>☐ Delete</td></tr><tr><td>NAME</td><td>BUTLER, ALEXANDER D</td><td></td></tr><tr><td>STREET ADDRESS</td><td>111 NORTH ORANGE AVE, STE 300</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>ORLANDO FL 32801</td><td></td></tr></table>	TITLE	T	☐ Delete	NAME	BUTLER, ALEXANDER D		STREET ADDRESS	111 NORTH ORANGE AVE, STE 300		CITY-ST-ZIP	ORLANDO FL 32801		<table><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		☐ Change ☐ Addition	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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert S. Wane 3/19/00 (813) 887-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

19400003747

#Hachmer H
00037054

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Vice Chair: Ms. Linda Pellegrini
Secretary: Mr. Matthew Smith

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