

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90024 002 ****61.25

DOCUMENT # N94000003747

1. Entity Name

EAST ORLANDO MARINE INSTITUTE, INC.

Principal Place of Business

Mailing Address

ORLANDO MARINE INSTITUTE SAFE
6049 RANDOLPH STREET
ORLANDO FL 32809

ASSOCIATED MARINE INSTITUTES
5915 BENJAMIN CENTER DRIVE
TAMPA FL 33634



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3045041

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

HULL, DAVID J
SMITH, HULSEY & BUSEY
225 WATER STREET, STE 1800
JACKSONVILLE FL 32202

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: T
NAME: BUTLER, ALEXANDER D
STREET ADDRESS: 111 NORTH ORANGE AVE, STE 300
CITY-ST-ZIP: ORLANDO FL 32801 ☒ Delete

TITLE: VCT
NAME: PELLEGRINI, LINDA
STREET ADDRESS: 5728 MAJOR BLVD., #176
CITY-ST-ZIP: ORLANDO FL 32819 ☐ Delete

TITLE: T
NAME: SMITH, MATHEW S
STREET ADDRESS: 225 SOUTH ORANGE AVE
CITY-ST-ZIP: ORLANDO FL 32802 ☐ Delete

TITLE: T
NAME: IOPPOLO, JR FRANK
STREET ADDRESS: 111 N ORANGE AVE, STE 2050
CITY-ST-ZIP: ORLANDO FL 32801 ☐ Delete

TITLE: RT
NAME: SUBLETTE, WILLIAM
STREET ADDRESS: 2901 CURY FORD RD., SUITE 210
CITY-ST-ZIP: ORLANDO FL 32806 ☒ Delete

TITLE: T
NAME: MEARS, PAUL III
STREET ADDRESS: 324 WEST GORE ST
CITY-ST-ZIP: ORLANDO FL 32806 ☒ Delete

TITLE: T
NAME: OB STANDER
STREET ADDRESS: 5915 BENJAMIN CENTER DR
CITY-ST-ZIP: TAMPA, FL 33634 ☐ Change ☒ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
OB STANDER 1/9/02 (813) 887-3300

Date

Daytime Phone #

CR2E037 (9/01)