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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90111 037 \*\*\*\*61.25

**DOCUMENT # N94000005284**

1. Corporation Name

**TWIN SAILS MARINE INSTITUTE, INC.**

Principal Place of Business

C/O ASSOCIATED MARINE INSTITUTES, INC.  
595 BENJAMIN CENTER DRIVE  
TAMPA FL 33634

Mailing Address

C/O ASSOCIATED MARINE INSTITUTES, INC.  
595 BENJAMIN CENTER DRIVE  
TAMPA FL 33634



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/25/1994

4. FEI Number

65-0537234

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HULL, DAVID J  
MACFARLANE AUSLEY FERGUSON & MCMULLEN  
227 S CALHOUN STREET  
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **FRANK, ROBERT P**  
STREET ADDRESS **2500 WASHINGTON AVENUE**  
CITY-ST-ZIP **NEWPORT NEWS VA 23607**

TITLE ☐ DELETE  
NAME **FRIEDMAN, ROBERT M**  
STREET ADDRESS **325 WEST GAMES STREET**  
CITY-ST-ZIP **TALLAHASSEE FL 32399-1950**

TITLE ☐ DELETE  
NAME **GLADSTON, WILLIAM F**  
STREET ADDRESS **326 PALM TRAIL**  
CITY-ST-ZIP **DELRAY BEACH FL 33634**

TITLE ☐ DELETE  
NAME **KREMER, FREDERICK D**  
STREET ADDRESS **5915 BENJAMIN CENTER DRIVE**  
CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ DELETE  
NAME **MITCHELL, DAVID B**  
STREET ADDRESS **111 NORTH CALVERT STREET, COURTHOUSE RM201**  
CITY-ST-ZIP **BALTIMORE MD 21202**

TITLE ☐ DELETE  
NAME **SPEYER, ERIC**  
STREET ADDRESS **7520 RED ROAD, SUITE A**  
CITY-ST-ZIP **MIAMI FL 33143**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

*See attached list*

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on any attachment with an address, with all other like empowered.

SIGNATURE:

*Eric Speyer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/10/99 (813) 882-3300*  
Date Daytime Phone #

CR2E037 (11/98)

250410-7911-31  
N94 000005284

## Twin Sails Marine Institute

5915 Benjamin Center Drive, Tampa, FL 33634 -- Tel. (813) 887-3300 -- Fax

### Board of Trustees

The Honorable Robert P. Frank (Bob)  
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Mr. Eric Speyer  
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Day:

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