

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005143

1. Entity Name

FLORIDA MARITIME FORUM, INC.

FILED

Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90018 020 ****61.25

0000661

Principal Place of Business

215 SOUTH MONROE STREET
SUITE 540
TALLAHASSEE FL 32301

Mailing Address

215 SOUTH MONROE STREET
SUITE 540
TALLAHASSEE FL 32301

2. Principal Place of Business

106 E. College Ave.

Suite, Apt. #, etc.

Suite 640

3. Mailing Address

P.O. Box 10775

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEI Number

59-3404967

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMER, LINA

215 SOUTH MONROE STREET
SUITE 540
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name THOMAS R. SHARKEY

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

106 East College Avenue

Suite 640

City TALLAHASSEE

FL

Zip Code 32301

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

Thomas R. Sharkey

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-01

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 DP
NAME SHARKEY, JEFFREY B
STREET ADDRESS 1217 JG LANE
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

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

TITLE DS
NAME SMITH, ROSS
STREET ADDRESS 215 SOUTH MONROE STREET, #540
CITY-ST-ZIP TALLAHASSEE FL 32301 ☒ Delete

TITLE S
NAME Bridgette mcLaughlin
STREET ADDRESS 106 East College Ave. Suite 640
CITY-ST-ZIP TALLAHASSEE, FL 32301 ☐ Change ☒ Addition

TITLE D
NAME PINSKY, RICHARD
STREET ADDRESS 701 KANUGA DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE T
NAME THOMAS R. SHARKEY
STREET ADDRESS 106 East College Ave. Suite 640
CITY-ST-ZIP TALLAHASSEE, FL 32301 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Thomas R. Sharkey
SIGNATURE REQUIRED

1-11-01

850-224-1660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)