

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N95000005860**

1. Entity Name

COASTAL MARINE INSTITUTE, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90049 003 ****61.25

Principal Place of Business
Pompano Beach, FL

Mailing Address
**2745 East Atlantic Blvd
Suite 301
Pompano Beach, FL 33062**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0634228

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERARD S. REEDER
5841 N.E. 22nd Avenue
Fort Lauderdale, FL 33308

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D **Gerard S. Reeder** ☐ Delete
5841 N.E. 22nd Avenue
Fort Lauderdale, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D **Chris Rodriguez** ☐ Change ☒ Addition
709 Gardens Drive, Apt 202
Pompano Beach, FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V **Randall St Germain** ☒ Delete
2645 SE 1st Court
Pompano Beach, FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D **Richard L. Braman** ☐ Delete
1501 S.E. 4th Avenue
Fort Lauderdale, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ 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:

Swadlow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

032200

Date

9547821663

Daytime Phone #

CR2E037 (9/99)