

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N96000000757**

1. Entity Name

**HUMAN DOLPHIN INSTITUTE, INC.****FILED****May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90308 043 \*\*\*\*61.25

Principal Place of Business

**21506 DOLPHIN AVENUE  
PANAMA CITY BEACH FL 32413**

Mailing Address

**21506 DOLPHIN AVENUE  
PANAMA CITY BEACH FL 32413**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3421699**

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

**APPLEBAUM, STEVEN L  
9108 FRONT BEACH ROAD  
PANAMA CITY BEACH FL 32407**

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	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>ATLAS, MICHAEL A</b>	
STREET ADDRESS	<b>3224 BAY ESTATES DRIVE</b>	
CITY-ST-ZIP	<b>DESTIN FL 32550</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, ALBERT</b>	
STREET ADDRESS	<b>21506 DOLPHIN AVENUE</b>	
CITY-ST-ZIP	<b>PANAMA CITY BEACH FL 32413</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>MCREE, RUSSELL</b>	
STREET ADDRESS	<b>3004 SE SALERNO RD.</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WOODS, WILLIAM</b>	
STREET ADDRESS	<b>118 TREASURE PALMS DRIVE</b>	
CITY-ST-ZIP	<b>PANAMA CITY BEACH FL 32408</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**ATLAS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**SECRETARY 04/30/02**

Date

Daytime Phone #

CR2E037 (9/01)