## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 17, 2000 8:00 am Secretary of State DOCUMENT # **N9600001600** 1. Entity Name discourse NATIONAL DONATIONS INSTITUTE INC. 05-17-2000 90844 011 \*\*\*\*61.25 NATIONAL MARINE INSTITUTE, INC. Principal Place of Business Mailing Address 2200 IDLEWILD ROAT -- 2208 IDLEWILD RD: PALM BEACH GARDENS FL 33410-2599 CHITE 4 PALM-BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address 3135 E. Atlantic Blvd. 3135 E. Atlantic Blvd. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0648011 Pompano Beach, FL Not Applicable Pompano Beach, FL Country Country \$8.75 Additional Zip 33062 5. Certificate of Status Desired USA 33062 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KNEEN, JEFFREY D 1400 CENTREPARK BLVD., SUITE 1000 WEST PALM BEACH FL 33401 Zip Code FL 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 DATE Stonature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Change TITLE TR **X** Delete Frank A. Kamerling NAME HAMMERLUND, JEFFEREY L STREET ADDRESS STREET ADDRESS 2921 NE 48th Street 6121 SE LANDING WAY UNIT 14 CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 Lighthouse Point, FL 33064 TITLE Change ☐ Addition n Delete TITLE NAME GALLAGHER, LAURA M NAME Laura M. Gallagher STREET ADDRESS STREET ADDRESS <del>744-4 NE 12 TERRAC</del>E 816 Bamboo Lane CITY-ST-ZIP CITY-ST-ZIP" BOYONTON BEACH FL-33435 33483 Delray Beach, FL Change Addition TITLE TITLE ื Delete Carole A. Kamerling 2921 NE 48th Street MARS, STEPHANIE NAME NAME STREET ADDRESS STREET ADDRESS 4050 26TH AVE. NO. CITY-ST-ZIP CITY-ST-ZIP Lighthouse Point, FL 33064 ST. PETERSBURG FL 33713 X Change ☐ Addition ☐ Delete TITLE TITLE BROWN, THOMAS E Thomas E. Brown NAME NAME 976 Pinewood Lane STREET ADDRESS STREET ADDRESS 5008 BUFFALO RUN CITY-ST-ZIP CITY-ST-ZIP Gahanna, OH 43230 WESTERVILLE OH 43081 Change Addition ☐ Delete TITLE NAME NAME Linda L. Picciolo STREET ADDRESS STREET ADDRESS 2537 Tortugas Lane CITY-ST-ZIP CITY-ST-ZIP Ft. Lauderdale, Fl ☐ Addition Change Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 a fother like empowered.

PED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda L. Picciolo. , Director (954)788-8840

Daytime Phone #

**FILED**