2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9600003385 Jun 06, 2000 8:00 am **Secretary of State** THE KEYS ACADEMY OF MARINE SCIENCE, INC. 06-06-2000 90480 025 ****61.25 Mailing Address Principal Place of Business 103200 OVERSEAS HWY 1032 OVERSEAS HWY KEY LARGO FL 33037 KEY LARGO FL 33037-2827 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0681106 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 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) CHAPELL, CONNIE **46 MUTINY PL** KEY LARGO FL 33037 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: · Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE CHAPELL, CONNIE NAME NAME STREET ADDRESS STREET ADDRESS **46 MUNTINY PL** CITY-ST-ZIP CITY-ST-7IP KEY LARGO FL ☐ Addition ☐ Change TITLE STD ☐ Delete TITLE NAME MARR, MARY NAME STREET ADDRESS STREET ADDRESS 204 S AIRPORT RD CITY-ST-ZIP CITY-ST-ZIP TAVERNIER FL 33070 Change ☐ Addition TITLE D Delete TITLE NAME MCAFEEE. DAN NAME STREET ADDRESS STREET ADDRESS 167 FIRST CT CITY-ST-ZIP CITY-ST-ZIP <u>KEY LARGO FL</u> Director M Addition Change Change . Delete TITLE Jarr YPSILANTI, CHRIS NAME 6 Caribbean Dr. STREET ADDRESS STREET ADDRESS 238 2ND RD 33037 CITY-ST-ZIP CITY-ST-ZIP Largo KEY LARGO FL 33037 Addition ☐ Delete TITLE TITLE rector HEFT, SARA NAME NAME Sames STREET ADDRESS STREET ADDRESS 12 CINNAMON BARK LN South CITY-ST-ZIP 33037 CITY-ST-ZIP KEY LARGO FL 33037 ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

305 451-223

Daytime Phone #