## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

## DOCUMENT # N9800006329

1. Entity Name

Principal Place of Business

EMERALD COAST MARINE INSTITUTE, INC.



**FILED** Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90178 027 \*\*\*\*61.25

5915 Benjami Tampa FL 336	in Center dr. 334	5915 BENJAMIN CENTER DR. TAMPA FL 33634			0001014				
2 Principal F	Place of Business	3. Mailing Address							
	4th St. SE	Associated Ma	arineIn	etitut		<b>                                   </b>	<b>58</b> 141 <b>59</b> 14 <b>5 6</b> 11 <b>46</b> 1114 <b>6</b> 1	1811 1611 1691	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		1		CHECK HERE IF M	AKING CHANGES	3	
City & Stat	batton Beach, FL	City & State	lty & State			4. FEI Number 59-3531532 Applied For Not Applicable			
32548 Country Z		Zip	Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	6. Name and Address of Current F		7. Name and Address of New Registered Agent						
			Name	)					
HILL, DAVID J SMITH,HULSEY, & BUSEY			Street	Street Address (P.O. Box Number is Not Acceptable)					
	ER STREET STE.,#1800 NVILLE FL 32202								
0/10/100/	WILLE FE SEESE		City				FL Zip Cod	de	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE									
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Agent sign	nature required	when reinstating)		DATE	į	
FILE NOW: FEE IS \$61.25  9. Election Campaign Financia Trust Fund Contribution.					\$5.00 May Be Added to Fees		Check Payable epartment of		
10.	OFFICERS AND DIRE	CTORS	11.		DDITIONS/CHANGE	ES TO OFFICERS A	ND DIRECTORS IN	N 10	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PCD WEAVER, ROBERT S 5915 BENJAMIN CENTER DR. TAMPA FL 33634	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ton 207	n Tona Walkedo Walton B	ge Dr.	□ Change 32548	Addition	
TITLE	VD	Delete	TITLE	D.	MONTON E	seary F C	Change	Addition	
NAME	STANDER, O.B.		NAME						
STREET ADDRESS	5915 BENJAMIN CENTER DR.		STREET ADDRESS	S .					
CITY-ST-ZIP	TAMPA FL 33634		CITY-ST-ZIP						
TTLE NAME	ST   Mann, Natalie	Delete	TITLE	CD			☐ Change	Addition	
STREET ADDRESS	5915 BENJAMIN CENTER DR		STREET ADDRESS	Jay	Tor Hood	المرابط الم	s bar/		
CITY-ST-ZIP	TAMPA FL 33634		CITY-ST-ZIP	FF. I	Hollywood Walton B	each El	32548		
TITLE		☐ Delete	TITLE	T-			Change	Addition	
IAME		,	NAME	Jen	ry Ehlers	;		Ì	
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			CITY-ST-ZIP	<del></del>	-	seach, FL	32548		
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			CITY-ST-ZIP	ET 1	VISITUM 15	200 ML []	3 4547	7	
ITLE		☐ Delete	CITY-ST-ZIP	F+.1	Naton B	seach, Fl	_ 3221	Addition	
ITLE IAME		☐ Delete		Willi	am Gari	vie	_ 3 ∠54 <sup>-</sup> ☐ Change	Addition	
		☐ Delete	TITLE	Willia 315	Naton B am Gari SE Shei Walton B	vie N Ave.	☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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 as other like empowered.

**SIGNATURE:**