

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90067 012 ****61.25

DOCUMENT # N99000000232

1. Entity Name

CHARLOTTE MARINE RESEARCH TEAM

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Extension Service

Suite, Apt. #, etc.

East Port Environmental Center

City & State 2550 Harbor View Rd.

Port Charlotte, FL

Zip 23980

Country Charlotte

3. Mailing Address

CMRT

Suite, Apt. #, etc.

P.O. Box 495923

City & State Port Charlotte, FL

Zip 33952

Country Charlotte

DO NOT WRITE IN THIS SPACE

4. FEI Number

650888956

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Jon Hubertz

Street Address (P.O. Box Number is Not Acceptable)

2733 Deborah Dr

City Punta Gorda

FL

Zip Code

33950-8182

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

Jon Hubertz

Signature, typed or printed name of registered agent and title if applicable.

Jon Hubertz

(NOTE: Registered Agent signature required when reinstating)

4/29/02

DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
Natascha Duorak
1070 Paraclete Rd.
Punta Gorda, FL 33983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
Ted Stout
3485 Sunset Circle
Punta Gorda, FL 33955

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
Vacant

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

J
Jon Hubertz
2733 Deborah Dr.
Punta Gorda, FL 33950

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jon Hubertz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

941 505 4079

Daytime Phone #

CR2E037B (12/01)