

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # N99000002672

1. Entity Name

DOLPHIN ECOLOGY PROJECT, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

03-20-2000 90077 007 ****61.25

Principal Place of Business

Mailing Address

134 OCEAN VIEW DR
TAVERNIER FL 33070134 OCEAN VIEW DR
TAVERNIER FL 33070-2602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0887437

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MADER, DON
7977 SW JACK JAMES DR
STUART FL 34997

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 \$61.259. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIPPD
HAMPP, JOY TRUSTEE-PRES.
PO BOX 1205
HOBE SOUND FL 33475-1205☐ Delete

T

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIPVSD
ENGLEBY, LAURA TRUSTEE-V.P. Secretary
134 OCEAN VIEW DR
TAVERNIER FL 33070☐ Delete

T

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIPV
MADER, DON TRUSTEE-treasurer
561 TIMBER TRAIL
STUART FL 34997☐ Delete

T

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST- ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST- ZIP☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST- ZIP☐ Change ☐ AdditionTITLE
NAME
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NAME
STREET ADDRESS
CITY-ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST- ZIP☐ Change ☐ Addition

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

VICE PRESIDENT

LAURA ENGLEBY

March 14, 2000

Date

Daytime Phone #

305-8520649

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