

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002672

1. Entity Name

DOLPHIN ECOLOGY PROJECT, INC.

Principal Place of Business

134 OCEAN VIEW DR  
TAVERNIER FL 33070

Mailing Address

134 OCEAN VIEW DR  
TAVERNIER FL 33070

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MADER, DON  
7977 SW JACK JAMES DR  
STUART FL 34997

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 \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME PD  
STREET ADDRESS HAMPP, JOY  
CITY-ST-ZIP PO BOX 1205  
HOBE SOUND FL 33475-1205 ☐ Delete

TITLE  
NAME Andrew Morse  
STREET ADDRESS 130 Watts St. Apt. 6S  
CITY-ST-ZIP New York, NY 10013 ☐ Change ☒ Addition

TITLE  
NAME VSD  
STREET ADDRESS ENGLEBY, LAURA  
CITY-ST-ZIP 134 OCEAN VIEW DR  
TAVERNIER FL 33070 ☐ Delete

TITLE  
NAME Paul D. Moen  
STREET ADDRESS 1812 Metz Dr.  
CITY-ST-ZIP Germantown, MD 20874 ☐ Change ☒ Addition

TITLE  
NAME VD  
STREET ADDRESS MADER, DON  
CITY-ST-ZIP 561 TIMBER TRAIL  
STUART FL 34997 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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

*Laura Engleby* Laura Engleby 26 JAN 01 305-852-0649  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)