

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90053 006 ****61.25

DOCUMENT # N99000003442

1. Entity Name

NORTH FLORIDA MARINE SOCIETY, INC.

Principal Place of Business

C/O LAWRENCE LECLAIRE III
 2007 BRADFORD COURT. APT. B
 TALLAHASSEE FL 32303

Mailing Address

C/O LAWRENCE LECLAIRE III
 2007 BRADFORD COURT. APT. B
 TALLAHASSEE FL 32303

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

59-3590291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

COLE, WILLIAM GENE ESQ.
2012-A PATS PLACE
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name **WILLIAM GENE COLE**

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

10901 Summerton Dr.

City **Riverview**

FL

Zip Code **33569**

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 **Gene WILLIAM Gene Cole**

3-18-2001

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

TITLE **D** ☐ Delete
 NAME **LECLAIRE, LAWRENCE**
 STREET ADDRESS **2007 BRADFORD CT. APT B**
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☒ Delete
 NAME **ZAPATA, BRENT**
 STREET ADDRESS **PEARL DR.**
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☒ Delete
 NAME **BAKER, TED**
 STREET ADDRESS **SUNSET DR.**
 CITY-ST-ZIP **TALLAHASSEE FL 32306**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
 NAME **CURT CONRAD**
 STREET ADDRESS **8824 CABIN HILL RD**
 CITY-ST-ZIP **TALLAHASSEE, FL 32311**

TITLE ☐ Change ☒ Addition
 NAME **BOB MINOTT**
 STREET ADDRESS **109 EAGLES RIDGE DR**
 CITY-ST-ZIP **CRAWFORDVILLE, FL 32327**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: **LAWRENCE LECLAIRE III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-14-2001

Daytime Phone #

890-644-9817

CR2E037 (10/00)