

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

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90298 032 \*\*\*\*61.25

**DOCUMENT # N99000003442**

1. Entity Name  
**NORTH FLORIDA MARINE SOCIETY, INC.**



Principal Place of Business

**C/O LAWRENCE LECLAIRE III  
1556 KEILY RUN  
TALLAHASSEE FL 32301**

Mailing Address

**C/O LAWRENCE LECLAIRE III  
1556 KEILY RUN  
TALLAHASSEE FL 32301**

2. Principal Place of Business

**c/o BOB MINOTT  
Suite, Apt. #, etc.  
109 EAGLES RIDGE DR**

3. Mailing Address

**109 EAGLES RIDGE DR  
Suite, Apt. #, etc.**

City & State  
**CRAWFORDVILLE, FL**

City & State  
**CRAWFORDVILLE FL**

Zip  
**32327-2367**

Country  
**USA**

Zip  
**32327-2367**

Country  
**USA**

4. FEI Number **59-3590291**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**COLE, WILLIAM GENE ESQ.  
10901 SUMMERTON DR.  
RIVERVIEW FL 33569**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida 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 **CONRAD, CURT**  
STREET ADDRESS **8824 CABIN HILL RD**  
CITY-ST-ZIP **TALLAHASSEE FL 32311**

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

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 **D** ☐ Change ☒ Addition  
NAME **MIKE FLETCHER**  
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

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:

*Signature of Mike Fletcher*

3/25/03

850

926-4687

CR2E037 (10/02)