

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005245

1. Entity Name

FOUNDATION FOR AQUATIC SCIENCES INC.

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90093 040 \*\*\*\*61.25

Principal Place of Business

203 PALMETTO DUNES CIRCLE  
 NAPLES FL 33962

Mailing Address

203 PALMETTO DUNES CIRCLE  
 NAPLES FL 33962

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

HOPKINS, GARY  
 203 PALMETTO DUNES CIRCLE  
 NAPLES FL 33962

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 \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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 ☐ Delete  
 NAME **B Eileen Newmark**  
 STREET ADDRESS **1427 Marlin Dr.**  
 CITY-ST-ZIP **Naples, Florida 34102**

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

TITLE ☐ Delete  
 NAME **B Tony Voigt**  
 STREET ADDRESS **2891 Tamiami Trail E.**  
 CITY-ST-ZIP **Naples, Florida 34112**

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

TITLE ☐ Delete  
 NAME **S Joyce Ford**  
 STREET ADDRESS **108 Bermuda Dunes Ct.**  
 CITY-ST-ZIP **Naples, Florida 34113**

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

TITLE ☐ Delete  
 NAME **P/D Wendy Hopkins**  
 STREET ADDRESS **203 Palmetto Dunes Circle**  
 CITY-ST-ZIP **Naples, Florida 34113**

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

TITLE ☐ Delete  
 NAME **VP/CIT Gary Hopkins**  
 STREET ADDRESS **203 Palmetto Dunes Circle**  
 CITY-ST-ZIP **Naples, Florida 34113**

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

TITLE ☐ Delete  
 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:

*Wendy Hopkins* **Wendy Hopkins**

**8-24-00**

Date

**941-732-6909**

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/00)