

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006355

1. Entity Name

FLORIDA MARINE YOUTH INSTITUTE INC.

Principal Place of Business

16019 EAGLE RIVER WAY  
TAMPA FL 33624

Mailing Address

16019 EAGLE RIVER WAY  
TAMPA FL 33624-6813

2. Principal Place of Business

349 BAHIA VISTA ST  
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 152461  
Suite, Apt. #, etc.

City & State

INDIAN ROCKS BEACH, FL  
Zip 33785 Country USA

City & State

TAMPA FL  
Zip 33684 Country USA

4. FEI Number

59-3556583

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

YOUNG, VICTOR  
16019 EAGLE RIVER WAY  
TAMPA FL 33624

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.

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	YOUNG, VICTOR	16019 EAGLE RIVER WAY	TAMPA FL 33624	<input type="checkbox"/>
D	SMITH, SHERWIN	349 BAHIA VISTA DR	INDIAN ROCKS FL 33785	<input type="checkbox"/>
D	SMITH, PAULA	16019 EAGLE RIVER WAY	TAMPA FL 33624	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
T	BERNARD R. SKERKOWSKI	16020 EAGLE RIVER WAY	TAMPA FL 33624	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	WILLIAM CHARLES	6903 N. CAMERON ST.	TAMPA FL 33614	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E037 (9/99)