

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006459

1. Entity Name

GULF COAST MARINE HERITAGE EDUCATION ALLIANCE, I

FILED
Jun 23, 2000 8:00 am
Secretary of State

05-22-2000 90131 017 ****61.25

Principal Place of Business

1241 TALL PINES TRAIL
GULF BREEZE FL 32561

Mailing Address

POST OFFICE BOX 1613
GULF BREEZE FL 32562-1613

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 3406259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARDSON, ROCK
1241 TALL PINES TRAIL
GULF BREEZE FL 32561

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:
FEES ARE \$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 ☐ Delete
NAME RICHARDSON, ROCK
STREET ADDRESS POST OFFICE BOX 1613 N/A
CITY-ST-ZIP GULFBREEZE FL 32561

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

TITLE ☐ Delete
NAME MCDAVID, PETER
STREET ADDRESS POST OFFICE BOX 13046 N/A
CITY-ST-ZIP PENSACOLA FL 32591

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

TITLE ☐ Delete
NAME BEARD, MICHAEL
STREET ADDRESS POST OFFICE BOX 13387 N/A
CITY-ST-ZIP PENSACOLA FL 32591

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

TITLE ☐ Delete
NAME PRESTON, WILLIAM
STREET ADDRESS 60 SHORELINE DRIVE
CITY-ST-ZIP GULF BREEZE FL 32562

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

TITLE ☐ Delete
NAME *Steve Hancy*
STREET ADDRESS *24 High Point*
CITY-ST-ZIP *Pensacola FL 32561*

TITLE ☐ Change ☒ Addition
NAME *Steve Hancy*
STREET ADDRESS *24 High Point*
CITY-ST-ZIP *Gulf Breeze FL 32561*

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/00

Date

850 934 9552

Daytime Phone #

CR2E037 (9/99)