

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38074

1. Entity Name

CENTER FOR MARINE CONSERVATION, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90067 010 ****61.25

Principal Place of Business

Mailing Address

1725 DESALES ST., NW
SUITE 600
WASHINGTON DC 20036
US

1725 DESALES ST., NW
SUITE 600
WASHINGTON DC 20036-4413
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7245152

Applied For

Not Applicable

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

GERALD M. LEONARD
ONE BECH DRIVE SE, SUITE 304
ST PETERSBURG FL 33701

Name

David J. White

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

One Beach Drive, Suite 304

St. Petersburg, FL 33701

City

FL

Zip Code

33701

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC ☐ Delete
NAME BOHLEN, CURTIS E.U.
STREET ADDRESS 4710 QUEBEC STREET, NW
CITY-ST-ZIP WASHINGTON DC 20016

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

TITLE DTC ☐ Delete
NAME GRESH, PHILIP M.
STREET ADDRESS 1140 WEST BRYN MAWR AVENUE
CITY-ST-ZIP ITASCA IL 60143

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

TITLE D ☒ Delete
NAME GRANZOW, SANDRA
STREET ADDRESS 2237 Q ST., NW
CITY-ST-ZIP WASHINGTON DC 20008

TITLE Director ☐ Change ☒ Addition
NAME Susan Martin
STREET ADDRESS One 5th Ave. Apt. 20C
CITY-ST-ZIP New York, NY 10003

TITLE DS ☐ Delete
NAME CAMERSON, SANDERS
STREET ADDRESS 3117 35TH STREET, NW
CITY-ST-ZIP WASHINGTON DC 20016

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

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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/9/00

(202) 429-5609