

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1725 DESALES ST., NW SUITE 600 WASHINGTON DC 20036 US	Mailing Address 1725 DESALES ST., NW SUITE 600 WASHINGTON DC 20036-4413 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 23-7245152	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 *David J. White* DATE May 9, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	DC	<input type="checkbox"/> Delete
NAME	BOHLEN, CURTIS E.U.	
STREET ADDRESS	4710 QUEBEC STREET, NW	
CITY-ST-ZIP	WASHINGTON DC 20016	
TITLE	DTC	<input type="checkbox"/> Delete
NAME	GRESH, PHILIP M.	
STREET ADDRESS	1140 WEST BRYN MAWR AVENUE	
CITY-ST-ZIP	ITASCA IL 60143	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRANZOW, SANDRA	
STREET ADDRESS	2237 Q ST., NW	
CITY-ST-ZIP	WASHINGTON DC 20008	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CAMERSON, SANDERS	
STREET ADDRESS	3117 35TH STREET, NW	
CITY-ST-ZIP	WASHINGTON DC 20016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Martin	
STREET ADDRESS	One 5th Ave. Apt. 20C	
CITY-ST-ZIP	New York, NY 10003	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE: 5/9/00 DAYTIME PHONE #: (202) 429-5609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #