

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-15-2001 90051 045 ****61.25

DOCUMENT # P38074

1. Entity Name

CENTER FOR MARINE CONSERVATION, INC.

Principal Place of Business

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

Mailing Address

1725 DESALES ST., NW
SUITE 600
WASHINGTON DC 20038
US

29414



DO NOT WRITE IN THIS SPACE

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

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

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)

449 Central Avenue Suite 200

City

st. Petersburg

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.

See 2000 UBR for signature

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

David J. White 3/2/01

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: **Director** Change Addition

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

TITLE: Change Addition

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

TITLE: **ViceChair** 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

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

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, title or other like empowered.

SIGNATURE:

GERALD M. LEONARD Peter M. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/01 (202)429-5609

CR2E037 (10/00)