

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2002 8:00 am**  
**Secretary of State**

UBR/304

DOCUMENT # **P38074**

1. Entity Name

**THE OCEAN CONSERVANCY, INC.**

02-03-2002 90008 031 \*\*\*\*61.25

|                                                                                               |                                                                                   |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Principal Place of Business<br>1725 DESALES ST., NW<br>SUITE 600<br>WASHINGTON DC 20036<br>US | Mailing Address<br>1725 DESALES ST., NW<br>SUITE 600<br>WASHINGTON DC 20036<br>US |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

|                                                       |                                           |
|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State                                          | City & State                              |

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>23-7245152</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

6. Name and Address of Current Registered Agent

**WITE, DAVID J**  
**449 CENTRAL AVE.**  
**SUITE 200**  
**ST PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name  
~~White~~ **(Please correct last 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BOHLEN, CURTIS E.U.</b><br><b>4710 QUEBEC STREET, NW</b><br><b>WASHINGTON DC 20016</b> <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DTC</b><br><b>GRESH, PHILIP M.</b><br><b>1140 WEST BRYN MAWR AVENUE</b><br><b>ITASCA IL 60143</b> <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GRANZOW, SANDRA</b><br><b>2237 Q ST., NW</b><br><b>WASHINGTON DC 20008</b> <input checked="" type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DS</b><br><b>CAMERSON, SANDERS</b><br><b>3117 35TH STREET, NW</b><br><b>WASHINGTON DC 20016</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VC</b><br><b>MARTIN, SUSAN</b><br><b>ONE 5TH AVE., APT. 20C</b><br><b>NEW YORK NY 10003</b> <input type="checkbox"/> Delete                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                               |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                                                                        |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Mr. James L. Ferman, Jr.</b><br><b>1306 W. Kennedy Blvd.</b><br><b>Tampa, FL 33606</b>              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Director/Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Mr. Phillip M. Scanlan</b><br><b>1832 Village Court</b><br><b>Amelia Island, FL 32034</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: **Peter M. Jones** 4/17/02 (202) 429-5609  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)