

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 250094**

1. Entity Name

RAFFIELD FISHERIES, INC.**FILED****Feb 02, 2000 8:00 am**
Secretary of State

02-02-2000 90001 043 ***150.00

Principal Place of Business

Mailing Address

CANAL DRIVE, HIGHLAND VIEW
POST OFFICE BOX 309
POST ST. JOE FL 32456CANAL DRIVE, HIGHLAND VIEW
POST OFFICE BOX 309
POST ST. JOE FL 32457-0309

DUPLICATE



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

59-0931791

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

COSTIN, CECIL G
221 REID AVENUE
PORT ST JOE FL 32456

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	V			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	RAFFIELD, RONALD C.	302 12TH STREET	PORT ST JOE, FL 00000						
	C			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	RAFFIELD, CARL J.	ROUTE 3	PORT ST JOE, FL 00000						
	P			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	RAFFIELD, CARL E. (GENE)	21ST & PALM STREETS	PORT ST JOE, FL 00000						
	ST			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	RAFFIELD, DANNY L.	HWY 30-A, SIMMONS BAYOU	PORT ST JOE, FL 00000						
	V			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	RAFFIELD, WILLIAM H	ROUTE 3	PORT ST JOE, FL 00000						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: *DANNY L. RAFFIELD*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR01/18/00
Date(850) 229-8229
Daytime Phone #

CR2E034 (9/99)