

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 250094**

1. Entity Name

RAFFIELD FISHERIES, INC.**FILED**
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90119 034 ***150.00

Principal Place of Business

**CANAL DRIVE, HIGHLAND VIEW
POST OFFICE BOX 309
POST ST. JOE FL 32456**

Mailing Address

**CANAL DRIVE, HIGHLAND VIEW
POST OFFICE BOX 309
POST ST. JOE FL 32456****608217**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1624 GROUPPER AVENUE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 309

Suite, Apt. #, etc.

City & State

PORT ST. JOE, FLORIDAZip
32456

Country

City & State

PORT ST. JOE, FLORIDAZip
32457

Country

4. FEI Number

59-0931791

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME **RAFFIELD, RONALD C.**
STREET ADDRESS **302 12TH STREET**
CITY-ST-ZIP **PORT ST JOE, FL 00000**TITLE **C** ☐ Delete
NAME **RAFFIELD, CARL J.**
STREET ADDRESS **ROUTE 3**
CITY-ST-ZIP **PORT ST JOE, FL 00000**TITLE **P** ☒ Delete
NAME **RAFFIELD, CARL E. (GENE)**
STREET ADDRESS **21ST & PALM STREETS**
CITY-ST-ZIP **PORT ST JOE, FL 00000**TITLE **ST** ☐ Delete
NAME **RAFFIELD, DANNY L.**
STREET ADDRESS **HWY 30-A, SIMMONS BAYOU**
CITY-ST-ZIP **PORT ST JOE, FL 00000**TITLE **V** ☐ Delete
NAME **RAFFIELD, WILLIAM H**
STREET ADDRESS **ROUTE 3**
CITY-ST-ZIP **PORT ST JOE, FL 00000**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

DANNY L. RAFFIELD**01/15/01****(850) 229-8229**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)