

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90178 028 \*\*\*\*61.25

**DOCUMENT # 717827**

1. Entity Name

**MARTIN COUNTY ANGLERS CLUB, INC.**

Principal Place of Business

3608 NE JEANNETTE DR  
 JENSEN BEACH FL 34957

Mailing Address

3608 NE JEANNETTE DR  
 JENSEN BEACH FL 34957-3943

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1807962**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOWMAN, WILLARD**  
**3608 NE JEANNETTE DR**  
**JENSEN BEACH FL 34957**

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

**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	<b>ND</b>	<input checked="" type="checkbox"/> Delete <b>P</b>
NAME	<b>PELOSI, ROBERT</b>	
STREET ADDRESS	<b>740 SW 31ST ST</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete <b>V</b>
NAME	<b>MCMANUS, VINCE A</b>	
STREET ADDRESS	<b>9801 S HWY A1A</b>	
CITY-ST-ZIP	<b>JENSEN BCH FL 34996</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEAN, FAY</b>	
STREET ADDRESS	<b>1550 NE OCEAN BLVD APT 107</b>	
CITY-ST-ZIP	<b>STUARD FL 34996</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>BOWMAN, WILLARD</b>	
STREET ADDRESS	<b>3608 N.E. JEANNETTE DR</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>BURKE, JOHN</b>	
STREET ADDRESS	<b>5000 S FED HWY A1A</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34997</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MORAN, ROBERT</b>	
STREET ADDRESS	<b>7723 S E SUGAR SAND CIR..</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE: WILLARD BOWMAN - TREASURER 2/10/00 Date (561) 334-4502 Daytime Phone #

CR2E037 (9/99)