

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

08-08-2001 90010 045 \*\*\*\*61.25

008234

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

2. Principal Place of Business

P.O. BOX 2968

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 2968

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

STUART FL

City & State

STUART FL

4. FEI Number

59-1807962

Applied For

Not Applicable

Zip

34995

Country

USA

Zip

34995

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOWMAN, WILLARD  
 3608 NE JEANNETTE DR  
 JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

Name: Roslyn GOLDEN  
 Street Address (P.O. Box Number is Not Acceptable):  
 3923 S.E. JEFFERSON ST.  
 City: STUART FL Zip Code: 34997

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

*Willard Bowman*

8/1/01

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

TITLE	D/S/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAP MILL'S	
STREET ADDRESS	4173 NE SKYLINE DRIVE	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rich Sigler	
STREET ADDRESS	1309 DYER PT. ROAD	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SV WERNER	
STREET ADDRESS	2949 SANTA ANITA	
CITY-ST-ZIP	PT. ST. LUCIE, FL 34952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTY PARDOS	
STREET ADDRESS	340 Nettles Blvd	
CITY-ST-ZIP	JENSEN BEACH FL 34952	
TITLE	M/M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHIL & GERRY TAFOYA	
STREET ADDRESS	200 OLIVE AVENUE	
CITY-ST-ZIP	PT ST LUCIE FL 34952	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John J. BURKE	
STREET ADDRESS	4174 SE OAKLAND STREET	
CITY-ST-ZIP	STUART FL 34997	

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, 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*

8/1/01 561-286-5375

CR2E037 (10/00)

Attachment Doc # 717887

DD000906

T/D

Roslyn Holden  
3933 SE Jefferson Street  
Stuart FL 34997

D

Ed Carpentier  
12173 River Bend Road  
Pt St. Lucie FL 34984

D

Carol Burke  
4174 SE Oakland St  
Stuart, FL 34997

VP/D

Vince Mc Manus  
128 Everglades Blvd  
Stuart FL 34994