

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90027 047 \*\*\*\*61.25

0056827

**DOCUMENT # 717827**

1. Entity Name

**MARTIN COUNTY ANGLERS CLUB, INC.**

Principal Place of Business

Mailing Address

PO BOX 2968  
 STUART FL 34995

PO BOX 2968  
 STUART FL 34995

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2354203**

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

**GOLDEN, ROSLYN**  
**3923 SE JEFFERSON ST**  
**STUART FL 34997**

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.

X SIGNATURE

*Roslyn Golden*

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>DSC</b>	<input type="checkbox"/> Delete
NAME	<b>MILLS, HAP</b>	
STREET ADDRESS	<b>4173 NE SKYLINE DRIVE</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SIGLER, RICH</b>	
STREET ADDRESS	<b>1309 DYER PT ROAD</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WERNER, SY</b>	
STREET ADDRESS	<b>2949 SANTA ANITA</b>	
CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34952</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PARDES, MARTY</b>	
STREET ADDRESS	<b>340 NETLES BLVD</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34952</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TAFUYA, PHIL &amp; GERRY</b>	
STREET ADDRESS	<b>200 OLIVE AVENUE</b>	
CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34952</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BURKE, JOHN J</b>	
STREET ADDRESS	<b>4174 SE OAKLAND STREET</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	

TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GOLDEN, ROSLYN</b>	
STREET ADDRESS	<b>3923 SE JEFFERSON, ST</b>	
CITY-ST-ZIP	<b>STUART, FL 34997</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PETE KAKOYANNIS</b>	
STREET ADDRESS	<b>80 S. RIVER ROAD</b>	
CITY-ST-ZIP	<b>STUART, FL 34996</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VINCE MCMANUS</b>	
STREET ADDRESS	<b>128 EVERGLADES VLVD</b>	
CITY-ST-ZIP	<b>STUART, FL 34994</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ED SKUPEEN</b>	
STREET ADDRESS	<b>1552 SW SPRINGFIELD COURT</b>	
CITY-ST-ZIP	<b>PALM CITY, FL 34990</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
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:

*Atty. Gen. Matthew G. Moore*  
 SECRETARY

1/10/02

561-334-3650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)