

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736705

1. Entity Name

GULF AND SOUTH ATLANTIC FISHERIES FOUNDATION, IN

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90027 019 ****61.25

Principal Place of Business 5401 W KENNEDY BLVD. STE 997 TAMPA FL 33609 US	Mailing Address 5401 W KENNEDY BLVD STE 997 997 TAMPA FL 33609-2467 US
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 59-1684802	Applied For ☐ Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JAMISON, JUDY L
5456 FRIARWAY DRIVE
TAMPA 33624**

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, KAY 4206 ROBINHOOD DRIVE PASCAGOULA MS 39581-4828 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDS JAMISON, JUDY L. 5456 FRIARSWAY DRIVE TAMPA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUTLEDGE, LELAND 22 OAK STREET MCCLELLANVILLE SC 29458 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ☒ Change ☐ Addition Leland, Rutledge 22 Oak Street McClellanville, SC 29458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIELS, JOEY MILLS LANDING RD WANCHESE NC 27981 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VOISIN, MICHAEL 412 PALM AVENUE HOUMA LA 70364 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: SICILIA JAMISON **2/11/00 (813) 286-8390**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)