

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 736705**

1. Entity Name

GULF AND SOUTH ATLANTIC FISHERIES FOUNDATION, IN

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
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1684802

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

JAMISON, JUDY L
5456 FRIARWAY DRIVE
TAMPA FL 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

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

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	EDS JAMISON, JUDY L. 5456 FRIARSWAY DRIVE TAMPA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUTLEDGE, LELAND 22 OAK STREET MCCLELLANVILLE SC 29458	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIELS, JOEY MILLS LANDING RD WANCHESE NC 27981	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VOISIN, MICHAEL 412 PALM AVENUE HOUMA LA 70364	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Williams, Kay 9905 Wire Road VanCleave, MS 39565	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Leland, Rutledge 22 Oak Street McClellanville, SC 29458	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Voisin, Michael 412 Palm Avenue Houma, LA 70364	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Love, Fulton 6817 Basin Road Savannah, GA 31419	☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01

Date

(813) 286-8390

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)