2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State
01-28-2002 90041 050 ****61.25

DOCUMENT # 736705

1. Entity Name

GULF AND SOUTH ATLANTIC FISHERIES FOUNDATION, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	5401 W. Kennedy Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite #997
City & State	City & State Tampa, FL
Zip / Country	Zip 33609 / Country USA

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	7. Name and Address of New Registered Agent
JAMISON, JUDY L 5456 FRIARWAY DRIVE TAMPA FL 33624	Name: Jamison, Judy L. Street Address (P.O. Box Number is Not Acceptable): 5456 Friarsway Drive City: Tampa, FL **FL** Zip Code: 33624

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD WILLIAMS, KAY 9905 WIRE RD VANCLEAVE MS 39565	☐ 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	VD RUTLEDGE, LELAND 22 OAK STREET MCCLELLANVILLE SC 29458	☐ Delete	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	SD 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	TD LOVE, FULTON 6817 BASIN RD SAVANNAH GA 31419	☐ 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

CR2E037 (9/01)

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: Judy L Jamison 1/8/02 (813) 286-8390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #