

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90193 033 \*\*\*\*61.25

**DOCUMENT # 739402**

1. Entity Name

**FLORIDA DIVISION OF THE IZAAK WALTON LEAGUE OF A**

Principal Place of Business

Mailing Address

31 GARDEN COVE DR.  
 KEY LARGO FL 33037

P. O. BOX 236  
 HOMESTEAD FL 33090  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0998701**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CHENOWETH, MICHAEL F**  
**31 GARDEN COVE DR.**  
**KEY LARGO FL**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	CHENOWETH, MICHAEL F	
STREET ADDRESS	31 GARDEN COVE DR.	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KEELER, CARL	
STREET ADDRESS	211 CHAUNCEY AVE. E	
CITY-ST-ZIP	BRANDENTON FL 34208	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MILLER, LLOYD	
STREET ADDRESS	27720 SW 197 AVE.	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GREENE, JUANITA	
STREET ADDRESS	150 SABAL PALM AVE.	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKINNER, ROBERT	
STREET ADDRESS	2730 SW 3RD AVENUE-SUITE 205	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNOWLES, AMY	
STREET ADDRESS	140 MADIERA RD	
CITY-ST-ZIP	ISLAMORADA FL 33036	

TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERCE, PAMELA	
STREET ADDRESS	31 GARDEN COVE DRIVE	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM SMITH	
STREET ADDRESS	1343 OLD OAK LANE	
CITY-ST-ZIP	NAPLES, FLORIDA 34110-4125	
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		
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:

*Michael F. Chenoweth*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 JAN 2000 305-451-0993

Date

Daytime Phone #

CR2E037 (9/99)