

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742209

1. Entity Name

POMPANO BEACH FISHING RODEO, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90130 018 ****61.25

Principal Place of Business

1639 G SAMPLE RD
 POMPANO BEACH FL 33064
 US

Mailing Address

1639 E SAMPLE RD
 POMPANO BEACH FL 33064-6279
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1807030

Applied For

Not Applicable

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

CARR, PATRICIA K.
1639 E SAMPLE ROAD
POMPANO BCH FL 33064

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	P	<input type="checkbox"/> Delete
NAME	MAUS, PHILLIP	
STREET ADDRESS	3961 N W 5TH ST	
CITY-ST-ZIP	COCONUT CREEK, FL 00000	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GOOD, JOHN	
STREET ADDRESS	1300 S.E. 13TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, FRANK	
STREET ADDRESS	501 NE 28 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	T	<input type="checkbox"/> Delete
NAME	CORRELL, GARY	
STREET ADDRESS	3417 NE 31 AVE	
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, THOMAS W	
STREET ADDRESS	4120 NE 22ND TERR	
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOLTE, STEVEN	
STREET ADDRESS	2831 NE 45TH ST.	
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	

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
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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: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00 954-942-8321
 Date Daytime Phone #

CR2E037 (9/99)