

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90096 013 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N17815

1. Entity Name
FISHERMEN AGAINST DESTRUCTION OF ENVIRONMENT, IN

Principal Place of Business Mailing Address

5195 FOX HALL DR N PO BOX 16061
W PALM BCH FL 33417 W PALM BCH FL 33416-6061
US US

2. Principal Place of Business 3. Mailing Address

JAMES M. HARVEY **SAME AS ABOVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

7607 PRESERVE CT.

City & State City & State

W. PALM BEACH FL

Zip Country Zip Country

33412 **PALM BEACH**

4. FEI Number Applied For

NOT APPLICABLE Not Applicable

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

6. Name and Address of Current Registered Agent

HARVEY, JAMES M
5195 FOX HALL DRIVE NORTH
W PALM BCH FL 33417

7. Name and Address of New Registered Agent

Name: **JAMES M. HARVEY**

Street Address (P.O. Box Number is Not Acceptable)
7607 PRESERVE CT.

City State Zip Code
W. PALM BEACH FL 33412

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: *James M Harvey* DATE: **4/25/00**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLACE, CRAIG 337-D TRENT CT BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OUELLETTE, BRIAN 16086 E ALLAN BLACK BLVD LOXTAHATCHEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARVEY, JAMES M 5195 FOX HALL DRIVE NORTH WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M NELSON, WAYNE 21 GEORGE ST WEST PALM BEACH FL 33405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JAMES M HARVEY 7607 PRESERVE CT W. PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Wayne L Nelson* **WAYNE L. NELSON** DATE: **4/27/00** DAYTIME PHONE #: **561-603-5201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)