

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36640

1. Entity Name

APALACHICOLA BAY OYSTER FARMERS ASSOCIATION, INC

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90147 035 \*\*\*\*61.25

Principal Place of Business

Mailing Address

163 AVE. B  
 APALACHICOLA FL 32320  
 US

163 AVE. B  
 APALACHICOLA FL 32320  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3015616

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

JONES, DAVID  
 163 AVE. B  
 APALACHICOLA FL 32320

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**  
**After September 13, 2000 min. will be \$236.25**

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	DP	<input type="checkbox"/> Delete
NAME	JONES, DAVID	
STREET ADDRESS	91 AVENUE C.	
CITY-ST-ZIP	APALACHICOLA FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WINFIELD, JOHN	
STREET ADDRESS	P.O. BOX 946 N/A	
CITY-ST-ZIP	EASTPOINT FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SQUARE, HELENE	
STREET ADDRESS	BOX 62 - ST. GEORGE ISLD N/A	
CITY-ST-ZIP	EASTPOINT FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CHAPEL, GEORGE	
STREET ADDRESS	163 AVENUE B	
CITY-ST-ZIP	APALACHICOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLOODWORTH, MINOR	
STREET ADDRESS	P.O. BOX 733 N/A	
CITY-ST-ZIP	EASTPOINT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCARABIN, RICHARD	
STREET ADDRESS	120 - 22ND AVE.	
CITY-ST-ZIP	APALACHICOLA FL	

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	
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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: \_\_\_\_\_

*David Jones*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/2000  
 Date

Daytime Phone # \_\_\_\_\_

CR2E037 (5/00)