

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/1

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90018 047 \*\*\*\*61.25

**DOCUMENT # N93000000535**

1. Entity Name

**FLORIDA TROPICAL FISH FARMS TRADE ASSOCIATION, I**

Principal Place of Business

323 W. CENTRAL AVE.  
 WINTER HAVEN FL 33880

Mailing Address

P.O. BOX 1519  
 WINTER HAVEN FL 33882-1519

2. Principal Place of Business

316 W. Central Ave.

3. Mailing Address

P. O. Box 1519

Suite, Apt. #, etc.  
 #200

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Winter Haven, FL

Zip

33880

Country

USA

Zip

33882

Country

USA

4. FEI Number

59-3157238

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

**BOOZER, DAVID**  
 332 WEST CENTRAL AVE  
 WINTER HAVEN FL 33880

*Address Change*

7. Name and Address of New Registered Agent

Name *David Boozer*  
 Street Address (P.O. Box Number is Not Acceptable)  
*316 W. Central Ave., #200*  
 City *Winter Haven* FL Zip Code *33880*

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

*David Boozer*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*3/10/2000*

DATE

**FILE NOW:**  
**FEES 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	D HUKLE, CHERYL 5520 WILKINS ROAD TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HENNESSY, MICHAEL 7502 SYMMES ROAD GIBSONTON FL 33534	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTON, PAUL 2415 SE 30 ST RUSKIN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAWLINS, ART 3402 KENT PATH CT LITHIA FL 33547	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRAWDY, DONALD 2720 GRIMES ROAD LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLANE, BRAD 700 S. FLAMINGO RD FT LAUDERDALE FL 33325	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Drawdy, David 1507 Williams Rd. Plant City, FL	<input type="checkbox"/> Change <input checked="" 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	PPD	<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	VPD	<input checked="" 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Donald B. Drawdy* *3/31/00* *941-665-1673*

DATE

Daytime Phone #

CR2E037 (9/99)