

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-17-2000 90852 044 ****61.25

DOCUMENT # N93000005780

1. Entity Name

FLORIDA FLY FISHING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O GREGORY PICKETT
 P.O. BOX 542345
 MERRITT ISLAND FL 32954-2345

C/O GREGORY PICKETT
 828 HERON ROAD
 COCOA FL 32926-2321

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

NOT APPLICABLE

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

PICKETT, GREGORY
828 HERON RD
COCOA FL 32926

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 Delete
 NAME **DP PICKETT, GREGORY**
 STREET ADDRESS **828 HERON RD**
 CITY-ST-ZIP **COCOA FL 32426**

TITLE Change Addition
 NAME **DP Mallory, John**
 STREET ADDRESS **405 Allen Dr.**
 CITY-ST-ZIP **Merritt Island, FL 32952**

TITLE Delete
 NAME **VD MEYER, JOHN**
 STREET ADDRESS **2796 GLORY CIRCLE**
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE Change Addition
 NAME **VP Clifford, Beth**
 STREET ADDRESS **182 S. Magnolia St.**
 CITY-ST-ZIP **Melbourne, FL 32935**

TITLE Delete
 NAME **DS STANLEY, GREG**
 STREET ADDRESS **902 BLACK PINE COURT**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE Change Addition
 NAME **OS Womack, Debbie**
 STREET ADDRESS **3271 Kilbee St.**
 CITY-ST-ZIP **Mims, FL 32754**

TITLE Delete
 NAME **DT TIPTON, RAY**
 STREET ADDRESS **1560 BELLA CASA COURT**
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE Change Addition
 NAME **DT Ingino, Joe**
 STREET ADDRESS **1435 Cepheus Court**
 CITY-ST-ZIP **Merritt Island, FL 32953**

TITLE Delete
 NAME **DP MALLORY, JON**
 STREET ADDRESS **405 ALLEN DRIVE**
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00
 Date

321-452-4861
 Daytime Phone #

CR2E037 (9/99)