

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 01, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000005780**

1. Entity Name  
 FLORIDA FLY FISHING ASSOCIATION, INC.

Principal Place of Business C/O GREGORY PICKETT P.O. BOX 542345 MERRITT ISLAND 329542345 FL	Mailing Address C/O GREGORY PICKETT 828 HERON ROAD COCOA 32926 FL
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2. Principal Place of Business C/O WILLIAM BROWN	3. Mailing Address FLORIDA FLY FISHING ASSOCIATION
Suite, Apt. #, etc. 1331 N. TROPICAL TRAIL	Suite, Apt. #, etc. P.O. BOX 542345
City & State MERRITT ISLAND FL	City & State MERRITT ISLAND FL
Zip 32953 Country US	Zip 329542345 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PICKETT GREGORY  
828 HERON RD  
  
COCOA FL  
32926 US

7. Name and Address of New Registered Agent

Name  
ELKINS RITA A  
Street Address (P.O. Box Number is Not Acceptable)  
5970 CANNON AVE.  
  
City  
COCOA FL Zip Code  
32927

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 RITA A. ELKINS DATE 05/01/2001  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT INGINO JOE 1435 CEPHENS CT MERRITT ISLAND FL 32953 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WOMACK DEBBIE 3271 KOLBEE ST MIMS FL 32754 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLIFFORD BETH 182 S MAGNOLIA ST MELBOURNE FL 32935 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MALLORY JOHN 405 ALLEN DR MERRITT ISLAND FL 32952 <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	VD MCHUGH JUDY 658 PLANTATION DRIVE TITUSVILLE FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELKINS RITA A 5970 CANNON AVE. COCOA FL 32927 <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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Rita A. Elkins DP 05/01/2001

CR2E037 (11/00)