

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90046 019 ****61.25

DOCUMENT # N95000002576

1. Entity Name

MATECUMBE ANGLERS, INC.

Principal Place of Business

218 BISCAYNE BLVD
 ISLAMORADA FL 33036
 US

Mailing Address

218 BISCAYNE BLVD
 ISLAMORADA FL 33036
 US

912032



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

52 W. PLAZA DEL LAGO

3. Mailing Address

52 W. PLAZA DEL LAGO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ISLAMORADA, FL

City & State

ISLAMORADA, FL

4. FEI Number

65-0597692

Applied For

Not Applicable

Zip

33036

Country

MONROE

Zip

33036

Country

MONROE

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

ACHENBERG, DONALD
 218 BISCAYNE BLVD
 ISLAMORADA FL 33036

Name

WINSTEL, JAMES

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

52 W. PLAZA DEL LAGO

City

ISLAMORADA,

FL

Zip Code

33036

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 | PD | <input checked="" type="checkbox"/> Delete |
| NAME | DONALD ACHENBERG | |
| STREET ADDRESS | 218 BISCAYNE BLVD | |
| CITY-ST-ZIP | ISLAMORADA FL 33036 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | WINSTER, JAMES | |
| STREET ADDRESS | 52 W. PLAZA DEL LAGO | |
| CITY-ST-ZIP | ISLAMORADA FL 33036 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | RAIA, CEIL | |
| STREET ADDRESS | 121 LISBON CT | |
| CITY-ST-ZIP | ISLAMORADA FL 33036 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | PAUL KAUB | |
| STREET ADDRESS | 129 BUENA VISTA CT | |
| CITY-ST-ZIP | ISLAMORADA FL 33036 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------|--|
| TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WINSTEL, JAMES | |
| STREET ADDRESS | 52 W. PLAZA DEL LAGO | |
| CITY-ST-ZIP | ISLAMORADA, FL 33036 | |
| TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WYNESS, DAVE | |
| STREET ADDRESS | 91 W. PLAZA DEL SOL | |
| CITY-ST-ZIP | ISLAMORADA, FL 33036 | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | W.A. WERNA, PETE | |
| STREET ADDRESS | 109 COSTA BRAVO DR. | |
| CITY-ST-ZIP | ISLAMORADA, FL 33036 | |
| 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 | | |

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:

James Winstel **James Winstel** 1/25/2001 305-664-2411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)