

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90132 011 ****61.25

DOCUMENT # N96000005361

1. Entity Name

MANGROVE COAST FLY FISHERS, INC.



Principal Place of Business

**3795 COUNTRYSIDE RD.
 SARASOTA FL 34233**

Mailing Address

**P.O. BOX 3792
 SARASOTA FL 34230**



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

65-0720457

Applied For
 Not Applicable

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

**MCGINNESS, W LEE
 1800 SECOND ST, STE 971
 SARASOTA FL 34236**

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 12, 2001, 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 **SD** Delete
 NAME **WILLIAMS, ROGER**
 STREET ADDRESS **219 4TH AVE. EAST**
 CITY-ST-ZIP **BRADENTON FL 34208**

TITLE Change Addition
 NAME **Vice President
 William Hopper**
 STREET ADDRESS **3471 Lakeland Blvd.**
 CITY-ST-ZIP **Sarasota, Fl. 34232**

TITLE **D** Delete
 NAME **WARREN, STEVE**
 STREET ADDRESS **1236 TREE BAY LN**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE Change Addition
 NAME **Director
 Craig Swathers**
 STREET ADDRESS **5526 Shady Brook Tr**
 CITY-ST-ZIP **Sarasota Fl. 34243**

TITLE **PD** Delete
 NAME **MORRISON, CRAIG**
 STREET ADDRESS **3795 COUNTRYSIDE RD**
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **WILSON, JOHN**
 STREET ADDRESS **4879 COMMONWEALTH DR**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE Change Addition
 NAME **Director
 John W. Wilson**
 STREET ADDRESS **4879 Commonwealth Dr.**
 CITY-ST-ZIP **Sarasota Fl. 34242**

TITLE **D** Delete
 NAME **GRASSETT, RICK**
 STREET ADDRESS **2447 WANETA DR.**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE Change Addition
 NAME **John Yurosko**
 STREET ADDRESS **2400 Kilpatrick Rd**
 CITY-ST-ZIP **Nokeville Fl. 34215**

TITLE **TD** Delete
 NAME **SMITH, RICHARD**
 STREET ADDRESS **4915 18TH AVE. WEST**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE Change Addition
 NAME **Director
 Tony Petrella**
 STREET ADDRESS **1341 Cumberland Rd**
 CITY-ST-ZIP **Venice Fl. 34293**

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: _____

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig W. Morrison 9/10/01 941-925-7227

CR2E037 (5/01)