

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90528 042 *****61.25

DOCUMENT # N97000001924

1. Entity Name

YOUTH FISHING FOUNDATION, INC.



Principal Place of Business

**14751 S.W. 252 STREET
HOMESTEAD FL 33032**

Mailing Address

**14751 S.W. 252 STREET
HOMESTEAD FL 33032**

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PORCO, SAMUEL S JR.
14751 S.W. 252 STREET
HOMESTEAD FL 33032**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	PORCO, SAMUEL S JR.	
STREET ADDRESS	14751 S.W. 252 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE	VD	☐ Delete
NAME	PORCO, ANTHONY	
STREET ADDRESS	4963 OXFORD DRIVE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	SD	☐ Delete
NAME	FERRAR, DIANA	
STREET ADDRESS	25220 S.W. 147TH AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE	TD	☐ Delete
NAME	MAYNARD, DAVID	
STREET ADDRESS	8260 S.W. 105 STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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: Samuel S. Porco **REQUIRED** S. Porco Jr 4-18-03 305-258-1367

CR2E037 (10/02)