

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005842

1. Entity Name

CAMP FLORIDA FISH TALES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 17 PM 3:44

Principal Place of Business

3220 WILLIAMSBURG STREET
SARASOTA FL 34231

Mailing Address

3220 WILLIAMSBURG STREET
SARASOTA FL 34231

REINSTATEMENT 03



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0954222

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EINWAG, MUFFET ELIOT
3220 WILLIAMSBURG STREET
SARASOTA FL 34231

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.

SIGNATURE

Muffett Eliot Einwag

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

10/15/2003

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 D ☒ Delete
NAME EINWAG, BRIAN
STREET ADDRESS 3220 WILLIAMSBURG STREET
CITY-ST-ZIP SARASOTA FL 34231

TITLE D ☐ Delete
NAME PENNEY, LUNDA E
STREET ADDRESS 6913 TEMA LANE
CITY-ST-ZIP SARASOTA FL 34231

TITLE D ☒ Delete
NAME PYLE, DONNA M
STREET ADDRESS 5909 MURDOCK STREET
CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 DIRECTOR ☐ Change ☒ Addition
NAME LYNETTE CRANE
STREET ADDRESS 817 CEDAR CREST COURT
CITY-ST-ZIP SARASOTA, FL 34232 941-379-6643

TITLE DIRECTOR ☐ Change ☒ Addition
NAME TRACY FRYER
STREET ADDRESS 293 HIDDEN BAY #201
CITY-ST-ZIP OSAREY, FL 34229 941-321-8179

TITLE DIRECTOR ☐ Change ☒ Addition
NAME JENIFER ELIOT
STREET ADDRESS 2407 BREAKWATER CIR
CITY-ST-ZIP SARASOTA, FL 34231 941-926-7739

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600024006576
10/22/03--01017--005 **236.25

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:

Muffett Eliot Einwag 10/15/2003

CR25037 (10/00)

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