

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

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90112 002 ****61.25

DOCUMENT # N97000003089

1. Entity Name

LAKE COUNTY FLY FISHERS ASSOCIATION, INC.



Principal Place of Business

**5142 MAGNOLIA RIDGE RD
FRUITLAND PARK FL 34731**

Mailing Address

**5142 MAGNOLIA RIDGE RD
FRUITLAND PARK FL 34731**

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 **59-3489585**

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

**KENT, BARRY L
5142 MAGNOLIA RIDGE RD
FRUITLAND PARK FL 34731**

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 **D** ☒ Delete
NAME **KENTE, BARRY L**
STREET ADDRESS **2290 KNOLLWOOD DRIVE**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **D** ☒ Delete
NAME **JACOBS, CHARLIE**
STREET ADDRESS **05202 SYDNEY ROAD**
CITY-ST-ZIP **FRUITLAND PARK FL 34731**

TITLE **D** ☒ Delete
NAME **RAPISARDI, ED**
STREET ADDRESS **35103 RIVERSIDE COURT**
CITY-ST-ZIP **LEESBURG FL 34788**

TITLE **D** ☒ Delete
NAME **DOMBEK, DOUGLAS M**
STREET ADDRESS **543 CARFERA DR.**
CITY-ST-ZIP **LADY LAKE FL 32159**

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 **D** ☒ Change ☒ Addition
NAME **ED LOPEZ**
STREET ADDRESS **10653 GOOSE PRAIRIE RD.**
CITY-ST-ZIP **LEESBURG FL 34788**

TITLE **D** ☒ Change ☒ Addition
NAME **RUSSELL CHEATEM**
STREET ADDRESS **37532 COUNTY RD 439**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **D** ☒ Change ☐ Addition
NAME **STEVE FRETZ**
STREET ADDRESS **801 CLUB HILLS RD**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **D** ☒ Change ☐ Addition
NAME **DANNY HOFFMAN**
STREET ADDRESS **4311 GOLDEN MEH RD**
CITY-ST-ZIP **APOKA FL 32712**

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: **DANNY HOFFMAN** *Danny Hoffman* **4-1-03 407 782 7019**

CR2E037 (10/02)