

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 302025

1. Entity Name

TRADEWINDS FISHING RESORT INC

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90001 009 ***150.00

Principal Place of Business

Mailing Address

10265 W. FISHBOWL DRIVE
HOMOSASSA FL 34448

10265 W. FISHBOWL DRIVE
HOMOSASSA FL 34448-3929
US

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 **59-1117268**

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

Name

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

City

FL

Zip Code

ACREE, DONA M.
10265 W. FISHBOWL DR.
HOMOSASSA FL 32646

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ACREE, DONA MAE	
STREET ADDRESS	10265 W. FISHBOWL DR.	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	REILLY, CAROLYN A	
STREET ADDRESS	FRONT STREET	
CITY-ST-ZIP	WEALAKA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ACREE, PAUL D	
STREET ADDRESS	10265 W. FISHBOWL DR.	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul Acree* **Paul Acree Vice Pres. 1-17-00 352-6283427**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)