2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2000 8:00 am
Secretary of State
09-05-2000 90024 045 ****61.25

DOCUMENT # 712448

1. Entity Name

ORGANIZED FISHERMEN OF FLORIDA, INC.

(R)

Principal Place of Business	Mailing Address
476 HWY A1A SUITE 3-A SATELLITE BEACH FL 32937	PO BOX 740 MELBOURNE FL 32902

DO NOT WRITE IN THIS SPACE

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 59-1234446 ☐ 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
SANSOM, JERRY ~~1343 N. A1A APT. 5C~~ 225 Rockledge Dr. ~~SATELLITE BEACH FL 32937~~ Rockledge, FL 32955	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 13, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COX, GEOFF 875 PINE ISLAND RD. MERRITT ISLAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ TREASURER COX, GEOFF 10115 KINGSLEY RD JACKSONVILLE, FL. 32245	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GILL, BOB 12645 W FORT ISLAND TRAIL CRYSTAL RIVER FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BENEFIT ORG PO BOX 1064 MARATHON, FL 33050	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DUSNON, MARTIN P.O. BOX 26 N/A POMONA PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DIXON, TIM P.O. BOX 243 N/A PLACIDA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JEFF CRONEN 7835 SW 124ST ST MIAMI, FL. 33156	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NICHOLS, GARY II 146 VENETIAN DRIVE ISLAMORADA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ PRESIDENT JOHNNIE CLAPTON 7101 WELLS AVE. NAVARRE, FL. 32566	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD THOMAS, JANIE 4272 NASSAU RIVER ROAD FERNANDINA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/00)

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: ~~Johnnie Clapton~~ Johnnie Clapton Pres. 8/9/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #