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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-16-2001 90395 025 ****61.25

DOCUMENT # 712448

1. Entity Name

ORGANIZED FISHERMEN OF FLORIDA, INC.

Principal Place of Business

Mailing Address

476 HWY A1A
 SUITE 3-A
 SATELLITE BEACH FL 32937

PO BOX 740
 MELBOURNE FL 32902

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

8. 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

~~SANGOM, JERRY~~
 1343 N. A1A APT. 5C
 SATELLITE BEACH FL 32937

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

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	COX, GEOFF	875 PINE ISLAND RD.	MERRITT ISLAND FL		TREASURER		
	TD	GILL, BOB	12645 W FORT ISLAND TRAIL				
	CRYSTAL RIVER FL						
	V	DUSNON, MARTIN	P.O. BOX 28 N/A		VP	Robert Petrus	22962 Capt. L. H. Lane
	POMONA PARK FL				SUMMIT	Key FL 32907	
	VD	DIXON, TIM	P.O. BOX 243 N/A		VP	BRETT ORR	P.O. Box 501054
	PLACIDA FL				MURRAY	FL 33050	
	P	NICHOLS, GARY II	146 VENETIAN DRIVE		PRES	JOHNNIE COPTON	7101 WELLS AVE.
	ISLAMORADA FL				NEWARK FL 32561		
	VD	THOMAS, JANIE	4272 NASSAU RIVER ROAD				
	FERNANDINA BEACH FL						

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:

Signature of Robert Petrus
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)