

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90111 034 ****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**

855716

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
 SATELLITE BEACH FL 32937**

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's 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 ☐ Delete
 NAME **TD**
 STREET ADDRESS **COX, GEOFF**
 CITY-ST-ZIP **875 PINE ISLAND RD.
 MERRITT ISLAND FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **PETARMO, ROBERT**
 CITY-ST-ZIP **22962 CAPE KODD LANE
 SUMMERLAND KEY FL**

TITLE ☒ Change ☐ Addition
 NAME **VPD**
 STREET ADDRESS **PETARMO, ROBERT**
 CITY-ST-ZIP **22962 CAPE KODD LANE
 SUMMERLAND KEY FL**

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **DUSNON, MARTIN**
 CITY-ST-ZIP **P.O. BOX 26 N/A
 POMONA PARK FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **ORR, BENNETT**
 CITY-ST-ZIP **PO BOX 501054
 MARATHON FL 33050**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **CLOPTON, JOHNNIE**
 CITY-ST-ZIP **7101 WELLS AVE
 NAVARRE FL 32561**

TITLE ☒ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS **CLOPTON, JOHNNIE**
 CITY-ST-ZIP **7101 WELLS AVE
 NAVARRE FL 32561**

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **THOMAS, JANIE**
 CITY-ST-ZIP **4272 NASSAU RIVER ROAD
 FERNANDINA BEACH FL**

TITLE ☒ Change ☐ Addition
 NAME **VD**
 STREET ADDRESS **THOMAS, JANIE**
 CITY-ST-ZIP **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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)