

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713315

1. Entity Name

VERO BEACH ANGLERS CLUB INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90126 015 ****61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 365
VERO BEACH FL 32961-0365

POST OFFICE BOX 365
VERO BEACH FL 32961-0365

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1818291

Applied For

Not Applied For

Zip

Country

Zip

Country

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

RAY IMBRO

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

1036 ORCHID DR

City

VERO BEACH

FL

Zip Code

32962

CARR, ED J.

1141 INDIAN MOUND TRAIL
VERO BEACH FL 32963

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

Raymond J. Imbro

RAYMOND J. IMBRO

1-20-00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CARR, ED J.	
STREET ADDRESS	1141 INDIAN MOUND TRAIL	
CITY-ST-ZIP	VERO BCH FL 32963	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	IMBRO, RAY	
STREET ADDRESS	1036 ORCHID DR	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BYSTRY, MATT	
STREET ADDRESS	1645 SHUCKERS PT.	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HENNESSY, DICK	
STREET ADDRESS	1140 LEEWARD LANE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IMBRO RAY	
STREET ADDRESS	1036 ORCHID DR	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGLIARDI	
STREET ADDRESS	P.O. Box 3742	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Matt Bystry
MATT BYSTRY TD

1-20-00

561-231-7896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #