

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90585 015 \*\*\*\*61.25

**DOCUMENT # 713315**

1. Entity Name

**VERO BEACH ANGLERS CLUB INC.**

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 Applicable

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

**IMBRO, RAY**  
**1036 ORCHID DR**  
**VERO BEACH FL 32963**

**BYSTRY MATT**  
**1645 SHUCKERS PT.**  
**VERO BEACH, FL 32963**

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

*Matt Bystry*

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	VD	<input type="checkbox"/> Delete
NAME	GAGLIARDI,	
STREET ADDRESS	P O BOX 3742	
CITY-ST-ZIP	VERO BCH FL 32963	
TITLE	PD	<input 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		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNESSY DICK	
STREET ADDRESS	1140 LEEWARD LANE	
CITY-ST-ZIP	VERO BEACH, FL, 32963	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGLIARDI, ROB	
STREET ADDRESS	P.O. BOX 3742	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRI AL	
STREET ADDRESS	11 TOSCA ST	
CITY-ST-ZIP	FT PIERCE, FL 34951	
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**561-231-7896**

CR2E037 (10/00)