

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

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
VD
HENNESSY, DICK
1140 LEEWARD LANE
VERO BEACH FL 32963 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HENRI AL
11 TOSCA ST
FORT PIERCE FL 34951 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GAGLIARDI, ROB
P.O. BOX 3742
VERO BEACH FL 32962 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BYSTRY, MATT
1645 SHUCKERS PT.
VERO BEACH FL 32963 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
HENRI, AL
11 TOSCA ST
FORT PIERCE FL 34951 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
IRENE SCHILLACE
84 LACOS DEL NORTE
FORT PIERCE, FL 34951 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

2-11-02

561-231-7896

CR2E037 (9/01)