

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90658 022 ****61.25

DOCUMENT # 713315

1. Entity Name
VERO BEACH ANGLERS CLUB INC.



Principal Place of Business

**POST-OFFICE BOX-365-
VERO BEACH FL 32961-0365**

Mailing Address

**POST-OFFICE BOX-365-
VERO BEACH FL 32961-0365**

2. Principal Place of Business

PO BOX 501

Suite, Apt. #, etc.

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3. Mailing Address

PO BOX 501

Suite, Apt. #, etc.

City & State

VERO BEACH FL

City & State

VERO BEACH FL

4. FEI Number **59-1818291**

Applied For

Not Applicable

Zip

Country

32961-501

Zip

Country

32961-501

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

STAN MARTIN TREASURER

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

526 FLAMEVINE LANE

City

VERO BEACH

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GAGLIARDI, ROB	
STREET ADDRESS	P.O. BOX 3742	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BYSTRY, MATT	
STREET ADDRESS	1645 SHUCKERS PT.	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HENRI, AL	
STREET ADDRESS	11 TOSCA ST	
CITY-ST-ZIP	FORT PIERCE FL 34951	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHILLACE, IRENE	
STREET ADDRESS	84 LAGOS DEL NORTE	
CITY-ST-ZIP	FORT PIERCE FL 34951	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY WILSON	
STREET ADDRESS	475 36 AVE	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED REICHERT	
STREET ADDRESS	9611 N. US 1	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAN MARTIN	
STREET ADDRESS	526 FLAMEVINE LANE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE HARVEY	
STREET ADDRESS	654 31ST AVE SW	
CITY-ST-ZIP	VERO BEACH FL 32958	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBIN WINTCZAK	
STREET ADDRESS	D	
CITY-ST-ZIP	1545 31ST AVE VERO BEACH FL 32963	

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 REGISTERED AGENT

1-10-03

772-231-0230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)