2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED Mar 30, 2000 8:00 am Secretary of State **DOCUMENT # 725726** 1. Entity Name LEHIGH ACRES FISH ORGANIZATION, INC. 03-30-2000 90062 010 ****61.25 Principal Place of Business Mailing Address 125 SEBRING CIR 125 SEBRING CIR LEHIGH ACRES FL 33972 LEHIGH ACRES FL 33972-5329 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1540834 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NETTER, HERBERT C 125 SEBRING CIR **LEHIGH ACRES FL 33972** Zip Code City FL 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. 2000 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to . 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE ☐ Change TITLE Delete NAME NETTER. HERBERT C NAME STREET ADDRESS 125 SEBRING CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES, FL 00000 **Change** ☐ Addition VD 🔀 Delete TITLE TITLE PARKE ROYDEN W PURSEL, GLENN W NAME NAME 219 OREGON WAY STREET ADDRESS STREET ADDRESS 10603 ROXBURY CT -eeligh-acres, Fl CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES. FL 00000 ☐ Change Addition TD TITLE TITLE ☐ Delete LANDES, ABE NAME NAME STREET ADDRESS STREET ADDRESS 101 RICHMOND AVE S. CITY-ST-ZIE CITY-ST-ZIP LEHIGH ACRES, FL 00000 FITZPATRICK MARIANNE Change Addition SD Delete TITLE TITLE 108 JAYSIDE LN. SE FITZPATRICK, JAMES W NAME NAME STREET ADDRESS 108 JAYSIDE LN S.E. STREET ADDRESS LEHICH ACRES, FL CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES, FL 00000 ☐ Change ☐ Addition TITLE ☐ Delete TITLE LIVINGSTONE, WILLIAM S NAME **680 MORNINGMIST LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES, FL 00000 TITLE ☐ Delete Change Addition HUFNAGEL, CARL NAME NAME STREET ADDRESS STREET ADDRESS 10512 NEWBERRY CT CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES, FL 00000 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