

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90093 046 ****61.25

0071227

DOCUMENT # 725726

1. Entity Name

LEHIGH ACRES FISH ORGANIZATION, INC.

Principal Place of Business

**125 SEBRING CIR
 LEHIGH ACRES FL 33972
 US**

Mailing Address

**125 SEBRING CIR
 LEHIGH ACRES FL 33972
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1540834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**NETTER, HERBERT C
 125 SEBRING CIR
 LEHIGH ACRES FL 33972**

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
 NAME **PD
 NETTER, HERBERT C**
 STREET ADDRESS **125 SEBRING CIR**
 CITY-ST-ZIP **LEHIGH ACRES FL**

TITLE ☐ Delete
 NAME **VD
 PARKE, ROYDEN W**
 STREET ADDRESS **219 OREGON WAY**
 CITY-ST-ZIP **LEHIGH ACRES FL**

TITLE ☐ Delete
 NAME **TD
 LANDES, ABE**
 STREET ADDRESS **101 RICHMOND AVE S.**
 CITY-ST-ZIP **LEHIGH ACRES FL**

TITLE ☐ Delete
 NAME **SD
 FITZPATRICK, MARIANNE**
 STREET ADDRESS **108 JAYSIDE LN S.E.**
 CITY-ST-ZIP **LEHIGH ACRES FL**

TITLE ☐ Delete
 NAME **D
 LIVINGSTONE, WILLIAM S**
 STREET ADDRESS **680 MORNINGMIST LANE**
 CITY-ST-ZIP **LEHIGH ACRES, FL 00000**

TITLE ☐ Delete
 NAME **D
 HUFNAGEL, CARL**
 STREET ADDRESS **10512 NEWBERRY CT**
 CITY-ST-ZIP **LEHIGH ACRES, FL 00000**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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:

SECRETARY REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01 941/369-7461
 Date Daytime Phone #

CR2E037 (10/00)