

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90016 043 ****61.25

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NETTER, HERBERT C
125 SEBRING CIR
LEHIGH ACRES FL 33972

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

8/30/02
 DATE

After September 13, 2002,
min. will be \$236.25.

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 | PD | <input type="checkbox"/> Delete |
| NAME | NETTER, HERBERT C | |
| STREET ADDRESS | 125 SEBRING CIR | |
| CITY-ST-ZIP | LEHIGH ACRES FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | PARKE, ROYDEN W | |
| STREET ADDRESS | 219 OREGON WAY | |
| CITY-ST-ZIP | LEHIGH ACRES FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | LANDES, ABE | |
| STREET ADDRESS | 101 RICHMOND AVE S. | |
| CITY-ST-ZIP | LEHIGH ACRES FL | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | FITZPATRICK, MARIANNE | |
| STREET ADDRESS | 108 JAYSIDE LN S.E. | |
| CITY-ST-ZIP | LEHIGH ACRES FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LIVINGSTONE, WILLIAM S | |
| STREET ADDRESS | 680 MORNINGMIST LANE | |
| CITY-ST-ZIP | LEHIGH ACRES, FL 00000 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HUFNAGEL, CARL | |
| STREET ADDRESS | 10512 NEWBERRY CT | |
| CITY-ST-ZIP | LEHIGH ACRES, FL 00000 | |

| | | |
|----------------|----------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LANDES, ABE | |
| STREET ADDRESS | 101 RICHMOND AVE S. | |
| CITY-ST-ZIP | LEHIGH ACRES, FL | |
| TITLE | TD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATHENY, CHARLES K. | |
| STREET ADDRESS | 416 N. RICHMOND AVE. | |
| CITY-ST-ZIP | LEHIGH ACRES, FL | |
| TITLE | SD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PARKE, ROYDEN W. | |
| STREET ADDRESS | 219 OREGON WAY | |
| CITY-ST-ZIP | LEHIGH ACRES, FL | |
| 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.

Royden W. Parke

SIGNATURE:

Royden W. Parke

9-3-02

239-369-3286

CR2E037 (4/02)