2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 20, 2000 8:00 am Secretary of State **DOCUMENT # 727077** 1. Entity Name FLORIDA FLY ROD CLUB, INC. 01-20-2000 90090 046 ****61.25 Principal Place of Business Mailing Address 150-D FORTENBERRY ROAD 150-D FORTENBERRY ROAD P.O. BOX 1766 P.O. BOX 1766 UUUU7455 MERRITT ISLAND FL 32952-3411 MERRITT ISLAND FL 32952-3681 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3020496 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) STAHLEY, EDWARD L. 150-D FORTENBERRY ROAD **MERRITT ISLAND FL 32952** Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. . M. le., haskinsevi **™** Delete Addition TITLE TITLE William Hoskinson NAME NAME KNUCKLES, BRENT STREET ADDRESS STREET ADDRESS 1100 JOHN RODES BLVD.LOT 18 2231 Alexander Drive CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL <u> Titusville, FL 32796</u> ☐ Change ★ Addition ☐ Delete TITLE TITLE SD. Wes Houser, Jr. NAME NAME STAHLEY, EDWARD L STREET ADDRESS STREET ADDRESS 4265 Bass Road 150-D FORTENBERRY RD CITY-ST-ZIP 1 CITY-ST-ZIP Rockledge, FL 32926 MERRITT ISLAND, FL 00000 ☐ Delete ☐ Change ☐ Addition TITLE TITLE SD NAME Taylor, Ron NAME STREET ADDRESS STREET ADDRESS 995 NEWFOUND HARBOR DR CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL **✓** Delete ☐ Change Addition TITLE TITLE NAME NAME TURNER, BILL STREET ADDRESS STREET ADDRESS 200 WARING WAY CITY-ST-ZIP CITY-ST-ZIP <u>MERRITT ISLAND FL</u> ☐ Change ☐ Addition ☐ Delete TITLE TITLE DEITHORN, DAVAID A NAME STREET ADDRESS STREET ADDRESS 457 N WATERWAY DR CITY - ST - ZIP CITY-ST-ZIP SATELLITE BCH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME - --NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . 12. I hereby certify that the information supplied with this filling does not quality 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 of the corporation or an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR