

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729989

1. Entity Name

FLORIDA LEAGUE OF ANGLERS INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90122 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

534 NORTH YACHTSMAN DRIVE  
PO BOX 1109  
SANIBEL FL 33957

534 NORTH YACHTSMAN DRIVE  
PO BOX 1109  
SANIBEL FL 33957-1109

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

59-1930107

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

STOPPELBEIN, M T  
534 NORTH YACHTSMAN DRIVE  
SANIBEL FL 33957

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST	<input type="checkbox"/> Delete
NAME	STOPPELBEIN, M T FRITZ	
STREET ADDRESS	534 NO YACHTSMAN DR	
CITY-ST-ZIP	SANIBEL, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BERNHARD, GERTRUDE	
STREET ADDRESS	PO BOX 4203, NA	
CITY-ST-ZIP	TEQUESTA, FL 0	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HERMANSON, JERRY	
STREET ADDRESS	6341 NE 20TH WAY	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GEYER, PAUL	
STREET ADDRESS	1016 26TH AVE	
CITY-ST-ZIP	VERO BCH, FL 00000	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	TURNER, EUGENE	
STREET ADDRESS	360 BELLE POINT DR	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/04/00

Date

941/472-2685

Daytime Phone #

CR2E037 (9/99)