

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734558

1. Entity Name

OLD SALT FISHING CLUB, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90109 016 ****61.25

Principal Place of Business

Mailing Address

P. O. BOX 8564
MADEIRA BEACH FL 33738
US

P. O. BOX 8564
MADEIRA BEACH FL 33738-8564
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DALE, DAVID N.
4135 FOURTH AVE NORTH
ST PETERSBURG FL 33713

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	S	<input checked="" type="checkbox"/> Delete
NAME	GRAVES, CAROL E	
STREET ADDRESS	4750 COVE CIRCLE, #905	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MRISCIN, LEONARD T	
STREET ADDRESS	120 8TH ST E.	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEBLON, STEPHANIE A	
STREET ADDRESS	8310 VALLEJO PLACE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZETHMAYR, C K	
STREET ADDRESS	355 144TH AVE. E.	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHEEHALL, JOE	
STREET ADDRESS	16110 4TH ST E.	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	
TITLE	P	<input type="checkbox"/> Delete
NAME	DALE, DAVID	
STREET ADDRESS	4135 4TH AVE N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roberta Connolly	
STREET ADDRESS	166 Sun Lake Circle	
CITY-ST-ZIP		
TITLE	Robert Aylesworth	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PO Box 13045	
STREET ADDRESS	St. Petersburg, FL 33733-3045	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eric Bachnik	
STREET ADDRESS	3690 Lake Blvd.	
CITY-ST-ZIP	Clearwater FL 34622	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albin Aotennieth	
STREET ADDRESS	4725 Cove Circle #811	
CITY-ST-ZIP	St Petersburg FL 33708	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carolyn Korb	
STREET ADDRESS	1415 MAIN ST lot 259	
CITY-ST-ZIP	DUNEDIN, FL 34698	
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 of David Dale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00

Date

727-363-3852

Daytime Phone #

CR2E037 (9/99)