

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90034 047 ****61.25

DOCUMENT # 734558

1. Entity Name

OLD SALT FISHING CLUB, INC.

Principal Place of Business

Mailing Address

P. O. BOX 8564
 MADEIRA BEACH FL 33738
 US

P. O. BOX 8564
 MADEIRA BEACH FL 33738
 US



DO NOT WRITE IN THIS SPACE

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 **ALBIN AUTENRIETH P**
 Street Address (P.O. Box Number is Not Acceptable)
4725 COVE CIRCLE N. Apt 811
 City **ST. PETERSBURG** FL Zip Code **33708**

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

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

TITLE NAME	TREAS Robert F Maggs Jr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4725 COVE CIRCLE N Apt 810	
CITY-ST-ZIP	ST. PETERSBURG FLA 33708	
TITLE NAME	V.P. ERIC Bachnik	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3690 Lake Blvd	
CITY-ST-ZIP	Clearwater FL 34622	
TITLE NAME	SEC. Kim A. HALL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1920 46TH AVE. N.	
CITY-ST-ZIP	ST. PETE, FL 33714.	
TITLE NAME	D DAVID DALE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	41	
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: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-397-9835

CR2E037 (10/00)