

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

P. O. BOX 8564
MADEIRA BEACH FL 33738
US

Mailing Address

P. O. BOX 8564
MADEIRA BEACH FL 33738
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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS Robert F Maggs Jr. 4725 COVE CIRCLE N Apt 810 ST. PETERSBURG FLA 33708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. ERIC Bachnik 3690 Lake Blvd Clearwater FL 34622	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Kim A. HALL 1920 46TH AVE. N. ST. PETE, FL 33714.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID DALE 41	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-397-9835

CR2E037 (10/00)