4/1/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-01-2002 90068 008 ****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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
ALBIN, AUTERIETH P 4725 COVE CIRCLE N APT 811 SAINT PETERSBURG FL 33708	Name: Robert Maggs Street Address (P.O. Box Number is Not Acceptable): 4725 Cove Circle N. Apt 810 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: Robert F Maggs — Robert Maggs Treas — 3/21/02

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	☑ Delete	TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	GRAVES, CAROL E		NAME	JAMES HASSON	
STREET ADDRESS	4750 COVE CIRCLE, #905		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33708		CITY-ST-ZIP	P.O BOX 8564 MADEIRA BEACH FL 33738	
TITLE	V	☑ Delete	TITLE	PAST PRESIDENT	☐ Change ☐ Addition
NAME	MRISCIN, LEONARD T		NAME	AL AUTERIETH 4725 COVE CIRCLE APT 811 MADEIRA BEACH	
STREET ADDRESS	120 8TH ST E.		STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE FL 33715		CITY-ST-ZIP	P.O BOX 8564 MADEIRA BEACH FL 33738	
TITLE	D	☑ Delete	TITLE	TREAS	☑ Change ☐ Addition
NAME	HEBLON, STEPHANIE A		NAME	ROBERT F MAGGS 4725 COVE CIRCLE APT 810 MADEIRA BEACH	
STREET ADDRESS	8310 VALLEJO PLACE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33614		CITY-ST-ZIP	P.O BOX 8564 MADEIRA BEACH FL 33738	
TITLE	D	☑ Delete	TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	ZETHMAYR, C K		NAME	ERIC BACHANK 3690 Lake Blvd. Clearwater FL 33762	
STREET ADDRESS	355 144TH AVE. E.		STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BEACH FL 33708		CITY-ST-ZIP	PO BOX 8564 MADEIRA BEACH FL 33738	
TITLE	D	☑ Delete	TITLE	BOARD DIRECTOR	☑ Change ☐ Addition
NAME	SHEEHALL, JOE		NAME	WILLIAM R. MARKLEY	
STREET ADDRESS	16110 4TH ST E.		STREET ADDRESS	4017 102nd AVE NORTH	
CITY-ST-ZIP	REDINGTON BEACH FL 33708		CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	P	☑ Delete	TITLE	RICHARD HILL	☐ Change ☐ Addition
NAME	DALE, DAVID		NAME	8396 MEADOWBROOK DR.	
STREET ADDRESS	4135 4TH AVE N.		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33713		CITY-ST-ZIP	LARGO, FL. 33777	BD. DIRECTOR

CR2E037 (9/01)

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: ROBERT F MAGGS TREAS — Robert Maggs Treas — 3/21/02 — 727 393-1291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #