

# 2002 UNIFORM BUSINESS REPORT (UBR)

4/1/

**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

4. FEI Number **NOT APPLICABLE**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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 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

*Robert F Maggs*

*Robert Maggs*

*2/2/02*

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 NAME     | S<br>GRAVES, CAROL E     | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 4750 COVE CIRCLE, #905   |  |
| CITY-ST-ZIP    | ST. PETERSBURG FL 33708  |  |
| TITLE NAME     | V<br>MIRSCIN, LEONARD T  | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 120 8TH ST E.            |  |
| CITY-ST-ZIP    | TIERRA VERDE FL 33715    |  |
| TITLE NAME     | D<br>HEBLON, STEPHANIE A | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 8310 VALLEJO PLACE       |  |
| CITY-ST-ZIP    | TAMPA FL 33614           |  |
| TITLE NAME     | D<br>ZETHMAYR, C K       | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 355 144TH AVE. E.        |  |
| CITY-ST-ZIP    | MADEIRA BEACH FL 33708   |  |
| TITLE NAME     | D<br>SHEEHALL, JOE       | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 18110 4TH ST E.          |  |
| CITY-ST-ZIP    | REDINGTON BEACH FL 33708 |  |
| TITLE NAME     | P<br>DALE, DAVID         | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 4135 4TH AVE N.          |  |
| CITY-ST-ZIP    | ST. PETERSBURG FL 33713  |  |

|                |   |  |
|----------------|---|--|
| TITLE NAME     | T<br>PRESIDENT<br>JAMES HASSON              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | P.O. Box 8564 MADEIRA BEACH FL 33738        |  |
| CITY-ST-ZIP    |   |  |
| TITLE NAME     | D<br>PAST PRESIDENT<br>AL AUTERIETH         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS | 4725 COVE CIRCLE, APT 811<br>MADEIRA BEACH  |  |
| CITY-ST-ZIP    | P.O. Box 8564 MADEIRA BEACH FL 33738        |  |
| TITLE NAME     | T<br>TREAS<br>ROBERT F. MAGGS               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 4725 COVE CIRCLE, APT 811<br>MADEIRA BEACH  |  |
| CITY-ST-ZIP    | P.O. Box 8564 MADEIRA BEACH FL 33738        |  |
| TITLE NAME     | D<br>VICE PRESIDENT<br>ERIC BACHMUT         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 3670 Lake Blvd.<br>CLEARWATER FL 33762      |  |
| CITY-ST-ZIP    | P.O. Box 8564 MADEIRA BEACH FL 33738        |  |
| TITLE NAME     | D<br>BOARD DIRECTOR<br>WILLIAM R. MARKLEY   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 4017 102nd AVE NORTH<br>CLEARWATER FL 33762 |  |
| CITY-ST-ZIP    |   |  |
| TITLE NAME     | D<br>RICHARD HILL                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS | 8396 MEADOWBROOK DR.<br>LARGO, FL 33777     |  |
| CITY-ST-ZIP    |   | BO. DIRECTOR   |

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*

*2/2/02*

*727 393-1291*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (9/01)