

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 765789**

1. Entity Name

ATLANTIC GAMEFISH FOUNDATION, INC.**FILED**
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90006 022 ****70.00

Principal Place of Business

**8265 SW 117 TERRACE
MIAMI FL 33156**

Mailing Address

**8265 SW 117 TERRACE
MIAMI FL 33156****CU071179**

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

59-2252602

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**KUNDE, CLIFFORD A.
8265 SW 117 TERRACE
MIAMI FL 33156**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KUNDE, GEORGE H.
17401 OLD CUTLER ROAD
MIAMI FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CARR, WENDY
7300 N KENDALL DR SUITE 400
MIAMI FL 33156** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DM
KUNDE, CLIFFORD A
8265 SW 117TH TERR.
MIAMI FL 33156** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
KUNDE, JANET B
8265 SW 117 TERR
MIAMI FL 33156** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROWN, SCOTT
7300 N KENDALL DR SUITE 400
MIAMI FL 33156** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAYNIE, RIED
21045 SW 150 AVE
MIAMI FL 33187** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Clifford A. Kunde**6-6-01 305-233-8065**