

2004
~~2003~~ **NOT-FOR-PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

0027601

DOCUMENT # **765789**

1. Entity Name
ATLANTIC GAMEFISH FOUNDATION, INC.



FILED

04 JUL -7 PM 2:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**8265 SW 117 TERRACE
MIAMI FL 33156**

Mailing Address
**8265 SW 117 TERRACE
MIAMI FL 33156**

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 **59-2252602**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **KUNDE, GEORGE H.**
STREET ADDRESS **17401 OLD CUTLER ROAD**
CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☒ Delete
NAME **CARR, WENDY**
STREET ADDRESS **7300 N KENDALL DR SUITE 400**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **DM** ☐ Delete
NAME **KUNDE, CLIFFORD A**
STREET ADDRESS **8265 SW 117TH TERR.**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **SD** ☐ Delete
NAME **KUNDE, JANET B**
STREET ADDRESS **8265 SW 117 TERR**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☐ Delete
NAME **HAYNIE, RIED**
STREET ADDRESS **21045 SW 150 AVE**
CITY-ST-ZIP **MIAMI FL 33187**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
700038915497
07/09/04--01012--002 **70.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
S/T/D

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

06-07-04 305-233-8055

Date

Daytime Phone #

CR2E037 (10/02)