

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/17/2000 00:00:00

DOCUMENT # 790879

1. Entity Name

FLORIDA TROPICAL FISH FARMS ASSOCIATION, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90018 046 \*\*\*\*61.25

Principal Place of Business

P.O. BOX 1519  
332 WEST CENTRAL AVE.  
WINTER HAVEN FL 33880

Mailing Address

P.O. BOX 1519  
332 WEST CENTRAL AVE.  
WINTER HAVEN FL 33880-2962

2. Principal Place of Business

316 W. Central Ave.

3. Mailing Address

P. O. Box 1519

Suite, Apt. #, etc.  
#200

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Winter Haven, FL

4. FEI Number

59-1173989

Applied For

Not Applicable

Zip

33880

Country

USA

Zip

33882

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOOZER, DAVID  
332 W CENTRAL AVE  
WINTER HAVEN FL 33880

Address  
Change

7. Name and Address of New Registered Agent

Name

David Booger

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

316 W. Central Ave, #200

City

Winter Haven

FL

Zip Code

33880

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 D ☐ Delete

NAME MCLANE, BRAD  
STREET ADDRESS 700 S FLAMINGO RD  
CITY-ST-ZIP FT LAUDERDALE FL 33325

TITLE D ☒ Delete

NAME HUKLE, CHERYL  
STREET ADDRESS 5520 WILINS RD.  
CITY-ST-ZIP TAMPA AND FL

TITLE PPD ☐ Delete

NAME NORTON, PAUL  
STREET ADDRESS 2415 SE 30 ST  
CITY-ST-ZIP RUSKIN FL

TITLE PD ☐ Delete

NAME DRAWDY, DONALD  
STREET ADDRESS 2720 GRIMES RD.  
CITY-ST-ZIP LAKELAND FL

TITLE DT ☐ Delete

NAME HENNESSY, MIKE  
STREET ADDRESS 7502 SYMMES RD.  
CITY-ST-ZIP GIBSONTON FL 33534

TITLE D ☐ Delete

NAME RAWLINS, ART  
STREET ADDRESS 3402 KENT PATH CT  
CITY-ST-ZIP LITHIA FL 33547

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS Drawdy, David  
1507 Williams Rd.  
Plant City, FL

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)