

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 10, 2001 8:00 am**
Secretary of State

04-10-2001 90143 032 ****61.25

0067765

DOCUMENT # 790879

1. Entity Name

FLORIDA TROPICAL FISH FARMS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

316 W CENTRAL AVE
#200
WINTER HAVEN FL 33880
USP.O. BOX 1519
WINTER HAVEN FL 33882
US

000000113



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

59-1173989

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOOZER, DAVID
316 W CENTRAL AVE
#200
WINTER HAVEN FL 33880

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.

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 \$61.259. 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 STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
VD MCLANE, BRAD 700 S FLAMINGO RD FT LAUDERDALE FL 33325	<input type="checkbox"/> Delete	PD Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DS DRAWDY, DAVID 1507 WILLIAMS RD PLANT CITY FL	<input type="checkbox"/> Delete	SD Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PPD NORTON, PAUL 2415 SE 30 ST RUSKIN FL	<input type="checkbox"/> Delete	D Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD DRAWDY, DONALD 2720 GRIMES RD. LAKELAND FL	<input type="checkbox"/> Delete	PPD Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DT HENNESSY, MIKE 7502 SYMMES RD. GIBSONTON FL 33534	<input type="checkbox"/> Delete	TD Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D RAWLINS, ART 3402 KENT PATH CT LITHIA FL 33547	<input type="checkbox"/> Delete	D Same	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/01

Date

813-677-5475

Daytime Phone #

CR2E037 (10/00)