

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90087 032 \*\*\*\*61.25

0083107

**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  
US****P.O. BOX 1519  
WINTER HAVEN FL 33882  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-1173989**

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

**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, and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	PD	<input type="checkbox"/> Delete
NAME	MCLANE, BRAD	
STREET ADDRESS	700 S FLAMINGO RD	
CITY-ST-ZIP	FT LAUDERDALE FL 33325	

TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	DRAWDY, DAVID	
STREET ADDRESS	1507 WILLIAMS RD	
CITY-ST-ZIP	PLANT CITY FL	

TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	NORTON, PAUL	
STREET ADDRESS	2415 SE 30 ST	
CITY-ST-ZIP	RUSKIN FL	

TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PPD	<input type="checkbox"/> Delete
NAME	DRAWDY, DONALD	
STREET ADDRESS	2720 GRIMES RD.	
CITY-ST-ZIP	LAKE LAND FL	

TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	HENNESSY, MIKE	
STREET ADDRESS	7502 SYMMES RD.	
CITY-ST-ZIP	GIBSONTON FL 33534	

TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	RAWLINS, ART	
STREET ADDRESS	3402 KENT PATH CT	
CITY-ST-ZIP	LITHIA FL 33547	

TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

4-2-02

CR2E037 (9/01)