

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005125

1. Entity Name
EVERGLADES FISH COMPANY, L.L.C.

FILED

01 FEB 14 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
800 BROADWAY STREET
LONGBOAT KEY FL 34228

Mailing Address
800 BROADWAY STREET
LONGBOAT KEY FL 34228

2. Principal Place of Business
208 Camellia St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 219
Suite, Apt. #, etc.

City & State
Everglades City
Zip
34139
Country
USA

City & State
Longboat Key, FL
Zip
34228
Country
USA

4. FEI Number
65-1004870

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, ALAN
800 BROADWAY STREET
LONGBOAT KEY FL 34228-1059

7. Name and Address of New Registered Agent

Name
Lynda D. Hicks
Street Address (P.O. Box Number is Not Acceptable)
800 Broadway
City
Longboat Key
FL
Zip Code
34228

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 *Lynda D. Hicks* Lynda D. Hicks Secretary/Treas. 01/21/01
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert J. Hicks 800 Broadway LBK, FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Paul Moore 800 Broadway LBK, FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Alan L Moore 800 Broadway LBK, FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Treasurer Lynda D. Hicks 800 Broadway LBK, FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003707949-9 -02/16/01--01113 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *Lynda D. Hicks* 01/21/01 941-383-1748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0021797 AF

CR2E083 (11/00)