

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -5 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M97000000737

1. Entity Name

ISLAMORADA FISH COMPANY, LLC

Principal Place of Business

Mailing Address

81532 OVERSEAS HIGHWAY 2500 E. KEARNEY  
ISLAMORADA, FL 33036 SPRINGFIELD, MO 65898

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

43-1765611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

NICK MULICK  
81990 Overseas Highway SUITE 201  
ISLAMORADA, FL 33036

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 \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MEMBER MGRM ☐ Delete

NAME BASS PRO OUTDOOR WORLD, LLC

STREET ADDRESS 2500 E. KEARNEY

CITY-ST-ZIP SPRINGFIELD, MO 65898

TITLE MEMBER MGRM ☐ Delete

NAME GEORGE HERTEL

STREET ADDRESS 136 SEASHORE DRIVE

CITY-ST-ZIP ISLAMORADA, FL 33036

TITLE VICE PRESIDENT OF FINANCE ☐ Delete

NAME TONI MILLER

STREET ADDRESS 2500 E. KEARNEY

CITY-ST-ZIP SPRINGFIELD, MO 65898

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

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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:

*Toni Miller*

Toni Miller

4/10/00

477-873-5530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)