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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-11-2001 90299 039 ****61.25

DOCUMENT # N00000007099

1. Entity Name

CENTRAL FLORIDA BASS ANGLERS, INC.

Principal Place of Business

7016 ARCHWOOD DRIVE
ORLANDO FL 32819

Mailing Address

7016 ARCHWOOD DRIVE
ORLANDO FL 32819

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

☒ 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

CRAIG, RICHARD
7016 ARCHWOOD DRIVE
ORLANDO FL 32819

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 \$61.25

 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 ☐ Delete
 NAME **PD STRICKLAND, TONY**
 STREET ADDRESS **769 BARGER DRIVE**
 CITY-ST-ZIP **DELTONA FL 32738**

 TITLE ☐ Delete
 NAME **VD DOVER, CHIP**
 STREET ADDRESS **403 N. SWEETWATER BOULEVARD**
 CITY-ST-ZIP **LONGWOOD FL 32779**

 TITLE ☐ Delete
 NAME **STD ROGERS, WILLIAM**
 STREET ADDRESS **887 WOODCREST WAY**
 CITY-ST-ZIP **OMIEDO FL 32765**

 TITLE ☐ Delete
 NAME **D HEIDGERKEN, JERALD**
 STREET ADDRESS **1319 EDMUNDSHIRE LANE**
 CITY-ST-ZIP **ORLANDO FL 32806**

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☒ Change ☐ Addition
 NAME **VD MICHAEL B WARNER**
 STREET ADDRESS **7636 KINGS PASSAGE AVENUE**
 CITY-ST-ZIP **ORLANDO, FL 32835**

 TITLE ☒ Change ☐ Addition
 NAME **STD TEX WARD**
 STREET ADDRESS **P.O. BOX 1346**
 CITY-ST-ZIP **GENEVA, FL 32732**

 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: JERALD RUDGET **25 APR 01** **407.963.7040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/12/01

407-894-2745

CR2007 (10/00)