

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90050 009 \*\*\*\*61.25

**DOCUMENT # N00967**

1. Entity Name

**MANATEE-SARASOTA FISH AND GAME ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**6508 QUONASAT RD  
 BRADENTON FL 34203  
 US**

**P O BOX 116  
 ONECO FL 34264  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Bradenton FL**

Zip

Country

Zip

Country

**34206-9164 USA**

4. FEI Number

**NOT APPLICABLE**

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

Name

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

City

**FL**

Zip Code

**BADEN, EARL W., JR.  
 1101 SIXTH AVE., W.  
 BRADENTON FL 34205**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, ROY E	
STREET ADDRESS	7611 9TH AVE NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	TURNER, JAMES	
STREET ADDRESS	115 62ND STREET WEST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ZACHARLAS, JAMES	
STREET ADDRESS	4512 -121ST ST. CT W	
CITY-ST-ZIP	CORTEZ FL 34215	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ZACHARIAS, JAMES	
STREET ADDRESS	4512 121ST STREET COURT WEST	
CITY-ST-ZIP	CORTEZ FL 34215	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SWEAT, ROBERT	
STREET ADDRESS	3203 19TH AVENUE WEST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matt Taylor	
STREET ADDRESS	5590 Erie Road	
CITY-ST-ZIP	Parrish FL 34219	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Danny Smith	
STREET ADDRESS	PO Box 591	
CITY-ST-ZIP	Parrish, FL 34219	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Earl Baden	
STREET ADDRESS	1210 99th Street W	
CITY-ST-ZIP	Bradenton, FL 34209	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norman Pinarde	
STREET ADDRESS	2306 Palma Sola Blvd	
CITY-ST-ZIP	Bradenton, FL 34209	

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:

*Roy E Parker*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Roy E Parker 3/27/02 941-742-8304*

Date

Daytime Phone #

CR2E037 (9/01)