

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92196 018 *****61.25

DOCUMENT # N01000006521

1. Entity Name

AMERICAN MARINELIFE DEALERS ASSOCIATION, INC



Principal Place of Business

**811-E EAST BASE ST.
MADISON FL 32340**

Mailing Address

**P. O. BOX 1052
MADISON FL 32341**

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 **88-0393010**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRIS, ELIZABETH
811-E EAST BASE ST.
MADISON FL 32340**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **GOODLETT, RANDOLPH**
STREET ADDRESS **1204 MONTCLAIR DRIVE**
CITY-ST-ZIP **PITTSBURGH PA 15241**

TITLE **D** ☒ Change ☐ Addition
NAME **STEVE ROBINSON ROBINSON, STEVE**
STREET ADDRESS **370 INDUSTRIAL RD. UNIT J**
CITY-ST-ZIP **SAN CARLOS, CA 94070**

TITLE **V** ☒ Delete
NAME **KING, MIKE**
STREET ADDRESS **2124 PLAINFORD AVENUE NE**
CITY-ST-ZIP **GRAND RAPIDS MI 49505**

TITLE **P** ☐ Change ☒ Addition
NAME **SWANK-SCHREFFLER, MARK**
STREET ADDRESS **6527 NAOMI**
CITY-ST-ZIP **PORTAGE MI 49002**

TITLE **S** ☐ Delete
NAME **SWANKSCREFFER, MARK**
STREET ADDRESS **6527 NAOMI**
CITY-ST-ZIP **PORTAGE MI 49002**

TITLE **D** ☒ Change ☐ Addition
NAME **SWANK-SCHREFFLER, MARK**
STREET ADDRESS **6527 NAOMI**
CITY-ST-ZIP **PORTAGE MI 49002**

TITLE **T** ☐ Delete
NAME **HARRIS, ELIZABETH**
STREET ADDRESS **811-E EAST BASE STREET**
CITY-ST-ZIP **MADISON FL 32340**

TITLE **V** ☒ Change ☒ Addition
NAME **PREUSS, RICK**
STREET ADDRESS **2119 HASLETT ROAD**
CITY-ST-ZIP **HASLETT, MI 48840**

TITLE **D** ☒ Delete
NAME **RUDDY, STEVEN**
STREET ADDRESS **229 BUENA TIERA WAY**
CITY-ST-ZIP **WINDSOR CA 95492**

TITLE **S** ☐ Change ☒ Addition
NAME **St. PIERRE, KARL**
STREET ADDRESS **P.O. BOX 2342**
CITY-ST-ZIP **KEY WEST, FL 33045**

TITLE **D** ☒ Delete
NAME **OELLERS, RICHARD**
STREET ADDRESS **191 JENKINS ROAD**
CITY-ST-ZIP **SACO ME 04072**

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: **ELIZABETH HARRIS**

5/1/03 850-973-3488

CR2E037 (10/02)