

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

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

05-05-2003 90310 029 \*\*\*\*61.25

**DOCUMENT # N01000007837**

**1. Entity Name**  
**NATIONAL TEEN ANGLER'S INC.**



**Principal Place of Business**

1177 BAYSHORE DR.  
#207  
FT. PIERCE FL 34949

**Mailing Address**

1177 BAYSHORE DR.  
#207  
FT. PIERCE FL 34949

**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 65-1151655**

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**

**BERNETTI, AL J JR.**  
**1177 BAYSHORE DR.**  
**#207**  
**FT. PIERCE FL 34949**

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. 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** C/P ☐ Delete  
**NAME** BERNETTI, AL J D  
**STREET ADDRESS** 1177 BAYSHORE DR. #207  
**CITY-ST-ZIP** FT. PIERCE FL 34949

**T** ☐ Change ☐ Addition  
**TITLE** JERRY RAYBURN TRUSTEE  
**STREET ADDRESS** 1659 E. LAKE CANNON DR.  
**CITY-ST-ZIP** WINTER HAVEN, FL. 33881

**TITLE** V/S ☐ Delete  
**NAME** WOODLE, BETTY J D  
**STREET ADDRESS** 6501 COTTAGE LANE  
**CITY-ST-ZIP** ST. CLOUD FL 34771

**T** ☐ Change ☐ Addition  
**TITLE** JOE WARD TRUSTEE  
**STREET ADDRESS** 347 KAYE ST.  
**CITY-ST-ZIP** FT. PIERCE, FL. 34947-1535

**TITLE** V/T ☐ Delete  
**NAME** PRICE, NANCY L D  
**STREET ADDRESS** 16361 DUBLIN CIRCLE # 104  
**CITY-ST-ZIP** FT. MYERS FL 33908

**T** ☐ Change ☐ Addition  
**TITLE** MARK WEINTZ  
**STREET ADDRESS** 2830 CAMOLLIA LANE  
**CITY-ST-ZIP** APOPKA, FL. 32703

**T** ☐ Delete  
**TITLE** MURCHEE, ROB TRUSTEE  
**STREET ADDRESS** 1177 BAYSHORE DR. # 207  
**CITY-ST-ZIP** FT. PIERCE FL 34949

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

**T** ☐ Delete  
**TITLE** LEECH, JOHN TRUSTEE  
**STREET ADDRESS** 1177 BAYSHORE DR. # 207  
**CITY-ST-ZIP** FT. PIERCE FL 34949

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

**T** ☐ Delete  
**TITLE** SUZANNE KELLY  
**STREET ADDRESS** 7050 RANCHERO CT.  
**CITY-ST-ZIP** ST. CLOUD, FL. 34771

☐ Change ☐ Addition  
**TITLE**  
**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:**

*AL BERNETTI*  
**AL BERNETTI**

4/09/03 772-519-0482

CR2E037 (10/02)