2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2001 8:00 am Secretary of State **DOCUMENT # N07344** 1. Enfity Name BEVERLY HILLS FISHING CLUB INC. 02-01-2001 90055 009 ****61.25 Principal Place of Business Mailing Address 3189 N. BRACKENFERN PT 3189 N. BRACKENFERN PT PO BOX 640523 PO BOX 640523 BEVERLY HILL FL 33464 BEVERLY HILLS FL 34464-0523 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2471767 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 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) LEE BALEL 3189 N. BRACKENFERN PT **BEVERLY HILLS FL 34465** Zip Code FL 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:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FEE IS \$61.25** Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE DP Delete ☐ Change **Addition** LEE BALL ANDROVICH, JOSEPH NAME NAME 3189 N. BrACKENFERN PT STREET ADDRESS 4291 N. LINCOLN AVE STREET ADDRESS CITY-ST-ZIP **BEVERLY HILLS FL 34465** CITY-ST-ZIP Beverly Hills FL TITLE ☐ Delete TITI F ☐ Change Addition TACK ROGERS MEYERS, JOHN NAME NAME STREET ADDRESS 480 W. MILKWEED LOGO 4338 N. MAE WEST WHY STREET ADDRESS CITY-ST-ZIP **BEVERLY HILLS FL 34465** CITY-ST-ZIP BEVERLY HILLS FL 34465 Delete TITLE ☐ Change Addition SHIPLEY RUSHES ZUELCH, EVELYN NAME NAME 3889 N. BLHZING STAY WAY STREET ADDRESS 4217 N. STEWART WAY STREET ADDRESS CITY-ST-ZIP BEVORNY KILLS FL 34465 **BEVERLY HILLS FL 34465** CITY-ST-ZIP CHESTER P SCUTT TO DT Change TITLE Delete TITLE FRANK VITALE NAME NAME 131 W. Howfern PL 655 W. BARRYMORE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BEVERLY HILLS FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition JEAN OCCHERTY NAME NAME 550 W. SANO OHK CT. STREET ADDRESS STREET ADDRESS Hulls FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME 3691 N. LAURELWOOD LOUP STREET ADDRESS STREET ADDRESS

Bevenly Hills 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

LECCHESTER P SOUTH

1/2/01 (352) 746-1951