

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

DOCUMENT # *spont* N13948  
1. Entity Name  
*Golden Triangle Fishing Club, Inc.*

**FILED**  
02 DEC -2 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*9617 Oklawaha Ave.*  
Suite, Apt. #, etc.

3. Mailing Address  
*same*  
Suite, Apt. #, etc.

City & State  
*Tampa, FL*

City & State

4. FEI Number

Applied for  
☒ Not Applicable

Zip  
*33617*

Country  
*USA*

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

## 7. Name and Address of Current Registered Agent

Name  
*Cynthia D. Britten*

Street Address (P.O. Box Number is Not Acceptable)  
*9617 Oklawaha Ave.*

City  
*Tampa*

FL

Zip Code  
*33617*

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 *Richard A. Steinmetz* *RICHARD A. STEINMETZ* *PRESIDENT*  
*Cynthia D. Britten* *C. D. Britten*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

*10-9-02*

*10/9/02*

FEE IS \$61.25  
Initial or Amended UBR

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*President (P)*  
*Richard Steinmetz D*  
*3109 Samara Dr.*  
*Tampa, FL 33618*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2000008791122  
11/04/02 -- 01109 -- 002 \$4245.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*Vice-President (V)*  
*Sergio Atanes T*  
*9101 Woodcutter Ct.*  
*Tampa, FL 33617*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*Secretary*  
*Denise Bruner (S) T*  
*6122 110th Ave.*  
*Tampa, FL 33617*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*Treasurer (T)*  
*Cynthia D. Britten T*  
*9617 Oklawaha Ave*  
*Tampa, FL 33617*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *C. D. Britten* *C. D. Britten*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/09/02*

*813-985-6155*

Date

Daytime Phone #

CR2E037B (12/01)



*ral*

Officers:  
Richard Steinmetz  
Sergio Atanes  
Denise Bruner  
Cindy Britten

9617 Oklawaha Ave.  
Tampa, Florida 33617

October 27, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Non-Profit Articles

To Whom It May Concern:

I am writing you concerning our clubs non-profit articles. We did not receive renewal notices after 1999 and our membership has lapsed. We would like to reinstate at this time. Your office was contacted and we were told to send \$245.00 to cover the reinstatement costs.

Enclosed please find the reinstatement fee and form.

Please advise if anything else is necessary for reinstatement.

Sincerely,

Cindy Britten  
Treasurer  
Golden Triangle Sport Fishing Club

Encl  
cdb