

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90919 022 ****61.25

DOCUMENT # N15899

1. Entity Name

THE BILLFISH FOUNDATION, INC.



Principal Place of Business

**2161 EAST COMMERCIAL BLVD
2 FLOOR
FT LAUDERDALE FL 33308**

Mailing Address

**PO BOX 8787
FT LAUDERDALE FL 33310
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2694327**

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

**PEEL, ELLEN
2161 EAST COMMERCIAL BLVD
2 FLOOR
FORT LAUDERDALE FL 33308**

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 **CT** ☐ Delete
NAME **ROCKEFELLER, WINTHROP**
STREET ADDRESS **124 W CAPITOL STE 1590**
CITY-ST-ZIP **LITTLE ROCK AR**

TITLE **CT** ☒ Change ☐ Addition
NAME **PAXSON H. OFFIELD**
STREET ADDRESS **150 Metropole Ave**
CITY-ST-ZIP **AVALON, CA 90704**

TITLE **VCT** ☐ Delete
NAME **PREWITT, HAL**
STREET ADDRESS **820 SO OCEAN BLVD**
CITY-ST-ZIP **MARLAPAR FL**

TITLE **VCT** ☒ Change ☐ Addition
NAME **RICHARD J. ANDREWS**
STREET ADDRESS **8314 PANDOROSA DR**
CITY-ST-ZIP **PARKER, CO 80134**

TITLE **VCT** ☒ Delete
NAME **VICENTE, RALPH**
STREET ADDRESS **B #3 VILLA DE TINTILLO**
CITY-ST-ZIP **GUAYNABO PR**

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

TITLE **P** ☐ Delete
NAME **PEEL, ELLEN**
STREET ADDRESS **2161 E. COMMERCIAL BLVD 2ND FL.**
CITY-ST-ZIP **FT LAUDERDALE FL**

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

TITLE **T** ☐ Delete
NAME **OFFIELD, PAXSON**
STREET ADDRESS **150 METROPOLE AVE**
CITY-ST-ZIP **AVALON CA 90704**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **John Abplanalp**
STREET ADDRESS **700 Napperhan Ave.**
CITY-ST-ZIP **YONKERS, NY 10703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGLANTIME REQUIRED

3/27/03 954-938-0150

CR2E037 (10/02)