

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17815

1. Entity Name

FISHERMEN AGAINST DESTRUCTION OF ENVIRONMENT, IN

Principal Place of Business

5195 FOX HALL DR N
W PALM BCH FL 33417
US

Mailing Address

PO BOX 16061
W PALM BCH FL 33416-6061
US

2. Principal Place of Business

JAMES M. HARVEY

Suite, Apt. #, etc.
7607 PRESERVE CT.

City & State
W. PALM BEACH FL

Zip
33412

Country
PALM BEACH

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90096 013 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARVEY, JAMES M
5195 FOX HALL DRIVE NORTH
W PALM BCH FL 33417

7. Name and Address of New Registered Agent

Name: JAMES M. HARVEY

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

7607 PRESERVE CT.

City
W. PALM BEACH

FL

Zip Code
33412

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

James M. Harvey

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/00

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALLACE, CRAIG 337-D TRENT CT BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD OUELLETTE, BRIAN 16086 E ALLAN BLACK BLVD LOXTAHATCHEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HARVEY, JAMES M 5195 FOX HALL DRIVE NORTH WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M NELSON, WAYNE 21 GEORGE ST WEST PALM BEACH FL 33405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST JAMES M HARVEY 7607 PRESERVE CT W. PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Wayne L. Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 561-603-5201
Date Daytime Phone #

CR2E037 (9/99)