

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90002 019 ****70.00

DOCUMENT # **N17815**

1. Entity Name **FISHERMEN AGAINST DESTRUCTION
OF ENVIRONMENT, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **12911 NW 160TH ST.**

3. Mailing Address **12911 NW 160TH ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
OKEECHOBEE, FL

City & State
OKEECHOBEE, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip **34972** Country **OKEECHOBEE**

Zip **34972** Country **OKEECHOBEE**

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 **WAYNE L. NELSON**

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

12911 NW 160TH ST.

City **OKEECHOBEE** **FL** Zip Code **34972**

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 **WAYNE L. NELSON, EXEC. DIR. (D) Wayne L. Nelson 4/24/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**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 **PRESIDENT DIRECTOR P/D**
NAME **CRAIG WALLACE**
STREET ADDRESS **10300 LEXINGTON STATES BLVD.**
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRES/DIRECTOR VP/D**
NAME **BRIAN QUELETTE**
STREET ADDRESS **16086 E. ALAN BLACK BLVD**
CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SEC./TREAS./DIR. S/T/D**
NAME **FRANK MARSOCCI**
STREET ADDRESS **1505 HWY 78 N**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EXEC./DIR. D**
NAME **WAYNE L. NELSON**
STREET ADDRESS **12911 NW 160TH ST**
CITY-ST-ZIP **OKEECHOBEE, FL 34972**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E037B (12/01)

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: **WAYNE L. NELSON, EXEC. DIR. (D) Wayne L. Nelson 4/24/02 863-357-7144**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR