

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED

00 AUG -7 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26854

1. Entity Name

HURRICANE PASS ANGLER'S CLUB, INC.

Principal Place of Business

Mailing Address

1312 SLEEPY HOLLOW CT.
DUNEDIN FL 34698

1312 SLEEPY HOLLOW CT.
DUNEDIN FL 34698-3846

2. Principal Place of Business

3. Mailing Address

Home Port Marina
Suite, Apt. #, etc.
Orange Street

3055 Casa del Sol Circle
Suite, Apt. #, etc.
306



DO NOT WRITE IN THIS SPACE

City & State

Ozona FL

City & State

Clearwater FL

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

HORRELL, DAVID R
1312 SLEEPY HOLLOW CT.
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name Edwin G. Miller
Street Address (P.O. Box Number is Not Acceptable)
3055 Casa del Sol Circle
#306
City Clearwater FL Zip Code 33761

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 Edwin G. Miller 11/31/00
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOFFINE, ROGER 2533 DOLLY BAY DR #303 PALM HARBOR FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AKINS, WENDELL 311 INDIANA AVE. CRYSTAL BEACH FL 34681	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MILLER, ED 3055 CASA DEL SOL CIR #306 CLEARWATER FL 34621	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HORRELL, DAVID 1312 SLEEPY HOLLOW CT. DUNEDIN FL 34698	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAVERCHAK, GENE 7317 JENNER AVE. NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LODOVICO, MARTY 2472 INDIAN TRIAL W. PALM HARBOR FL 34683	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer D	<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	President D	<input checked="" 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)(j), 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: 11/31/00 (727) 669-2038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0:7:MM:11

CF

02-04-2000 90045 044 6025