

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43355

1. Entity Name

FLORIDA INSTITUTE OF SALTWATER HERITAGE, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90052 008 ****61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 606
CORTEZ FL 34215

POST OFFICE BOX 606
CORTEZ FL 34215-0606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0272644

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BELL, KAREN L
4600 124TH STREET W
CORTEZ FL 34215

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	CANNIFF, TIMOTHY P	
STREET ADDRESS	2905 YARMOUTH DR	
CITY-ST-ZIP	BRADENTON FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FULFORD, THOMAS R.	
STREET ADDRESS	12405 42ND AVE. DR. W.	
CITY-ST-ZIP	CORTEZ FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEVELY, JOHN M	
STREET ADDRESS	1927 16TH AVE DR W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARNER, ALLEN	
STREET ADDRESS	3312 47 ST. W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORA, SHEILA E.	
STREET ADDRESS	4425 123 ST. CT. W.	
CITY-ST-ZIP	CORTEZ FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BELL, KAREN L	
STREET ADDRESS	12205 45TH AVE W	
CITY-ST-ZIP	CORTEZ FL 34215	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Karen L Bell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00 9417941249
 Date Daytime Phone #

CR2E037 (9/99)