

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90117 046 ****61.25

DOCUMENT # N94000004379

1. Entity Name

SPACE COAST SPORTFISHING FOUNDATION, INC.

Principal Place of Business

Mailing Address

**49 YAWL DR
 COCOA BEACH FL 32931
 US**

**49 YAWL DR
 COCOA BEACH FL 32931
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

976 Brevard Ave.

976 Brevard Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A.

Suite A.

City & State

City & State

Rockledge, Florida

Rockledge, Florida

Zip

Country

Zip

Country

32955

Brevard

32955

Brevard

4. FEI Number

59-3292319

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

**HOREY, RAYMOND S
 49 YAWL DR.
 COCOA BEACH FL 32931**

Name

Dewey B. Harris

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

976 Brevard Ave, Suite A

City

Rockledge

FL

Zip Code

32955

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

Dewey B. Harris

Dewey B. Harris, Treasurer

4-24-02

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	TD	<input checked="" type="checkbox"/> Delete
NAME	HOREY, RAYMOND S	
STREET ADDRESS	49 YAWL DR.	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARRIS, H.C. "SKIP"	
STREET ADDRESS	230 TIKI AVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SMITH, GEORGE	
STREET ADDRESS	50 YAWL DRIVE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALANA LOVE	
STREET ADDRESS	2145 CAPEVIEW ST.	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CROOK, GEORGE	
STREET ADDRESS	4171 SAN YSIDRO WAY	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEFREESE, DUANE	
STREET ADDRESS	6245 SEAWORLD DRIVE	
CITY-ST-ZIP	ORLANDO FL	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dewey B. Harris	
STREET ADDRESS	976 Brevard Ave, Suite A	
CITY-ST-ZIP	Rockledge, Florida 32955	
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		
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		

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:

SIGNATURE REQUIRED

4-30-02 321-433-1191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)