

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001758

1. Entity Name

FISHERMEN'S BOUNTY, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90062 035 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 482
BOKEELIA FL 33922

P.O. BOX 126 N/A
ST JAMES CITY FL 33956-0126
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0662291

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

BROWN, SYLVIA
3569 MANGO ST
ST JAMES CITY FL 33956

Name

Nielson, Gordon

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

5558 Meadowlark Ln

Bokeelia, Fla.

City

FL

Zip Code

33922

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

Gordon Nielson

M-T Gordon Nielson

May 6, 00

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 ☒ Delete
NAME TI
STREET ADDRESS BROWN, SYLVIA
CITY-ST-ZIP 3569 MANGO ST
SAINT JAMES CITY FL 33956

TITLE ☒ Change ☐ Addition
NAME M T
STREET ADDRESS Gordon Nielson
CITY-ST-ZIP 5558 Meadowlark Ln
Bokeelia, Fla. 33922

TITLE ☐ Delete
NAME DP
STREET ADDRESS RICE, DAVID
CITY-ST-ZIP 3807 PAPAYA ST
ST JAMES CITY FL 33956

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DS
STREET ADDRESS BROWN, SYLVIA
CITY-ST-ZIP 3569 MANGO ST
ST JAMES FL 33956

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Gordon Nielson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)