

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

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

05-08-2002 90148 039 ****70.00

DOCUMENT # N97000003089

1. Entity Name

LAKE COUNTY FLY FISHERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5142 Magnolia Ridge Rd.

Suite, Apt. #, etc.

3. Mailing Address

5142 Magnolia Ridge Rd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fruitland Park FL

City & State
Fruitland Park, FL

4. FEI Number

59-3489585

Applied For

Not Applicable

Zip

34731

Country

LAKE

Zip

34731

Country

LAKE

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name KENT, BARRY L.

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

5142 Magnolia Ridge Rd.

City

Fruitland Park FL

Zip Code

34731

**DO NOT WRITE
IN THIS SPACE**

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

BARRY L. KENT (Registered Agent of Record)

4-26-02

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KENT, BARRY L.
5142 Magnolia Ridge Rd.
Fruitland Park FL 34731

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JACOBS, CHARLIE
05202 Sydney Rd.
Fruitland Park FL 34731

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RAPISARDI, ED
35103 Riverside Ct.
Leesburg, FL 34788

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DOUGLAS M. DOMBEK
543 CARRERA DR.
LADY LAKE FL 32159

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

DOUGLAS M. DOMBEK Douglas M. Dombek

Reg. Mail # 7000 1676 000718704222

4-26-02

352-259-1029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)