

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003433

1. Entity Name

FLORIDA FISHERMEN'S FEDERATION, INC.

Principal Place of Business

P O BOX 1026  
PANACEA FL 32346

Mailing Address

P O BOX 1026  
PANACEA FL 32346

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 59-3483243

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

JACOBS, ARTHUR I  
401 CENTRE ST  
SECOND FLOOR  
FERNANDINA BEACH FL 32034

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 DP  
NAME PRINGLE, RAYMOND S JR.  
STREET ADDRESS 11225 OLD KINGS RD  
CITY-ST-ZIP JACKSONVILLE FL 32219 ☐ Delete

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

TITLE D  
NAME MOORE, MARK  
STREET ADDRESS 1934 COUNTY ROAD 30C  
CITY-ST-ZIP PORT ST JOE FL 32457 ☐ Delete

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

TITLE D2V  
NAME PRINGLE, RAYMOND S SR  
STREET ADDRESS 11357 OLD KINGS RD.  
CITY-ST-ZIP JACKSONVILLE FL 32219 ☐ Delete

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

TITLE D  
NAME KELLEY, GEORGE  
STREET ADDRESS 480 PONEDEROSA PINE DR  
CITY-ST-ZIP PORT SAINT JOE FL 32456 ☐ Delete

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

TITLE DS  
NAME ARNOLD, WILLIE  
STREET ADDRESS 11351 OLD KINGS RD  
CITY-ST-ZIP JACKSONVILLE FL 32219 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Mike Dooley  
STREET ADDRESS 5370 MARINA DR  
CITY-ST-ZIP Boca Raton, FL 33422

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:

RAYMOND S. PRINGLE

11 JAN 02

850-984-1445

Date

Daytime Phone #

CR2E037 (9/01)