

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90104 042 ****61.25

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

P.O. Box 62266

3. Mailing Address

P.O. Box 62266

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32219

Country

USA

Zip

32219

Country

USA

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	PRINGLE, RAYMOND S JR.	
STREET ADDRESS	11225 OLD KINGS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOORE, MARK	
STREET ADDRESS	1934 COUNTY ROAD 30C	
CITY-ST-ZIP	PORT ST JOE FL 32457	
TITLE	D2V	<input checked="" type="checkbox"/> Delete
NAME	PRINGLE, RAYMOND S SR	
STREET ADDRESS	11357 OLD KINGS RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KELLEY, GEORGE	
STREET ADDRESS	480 PONEDEROSA PINE DR	
CITY-ST-ZIP	PORT SAINT JOE FL 32456	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ARNOLD, WILLIE	
STREET ADDRESS	11351 OLD KINGS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOOLEY, MIKE	
STREET ADDRESS	5370 MARINA DR	
CITY-ST-ZIP	BOKEELIA FL 33922	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Bill Radford</i>	
STREET ADDRESS	<i>11351 Old Kings Rd.</i>	
CITY-ST-ZIP	<i>JACKSONVILLE, FL 32219</i>	
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		

CR2E037 (10/02)

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 Jr.

16 JAN 03 904-765-4466