

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003473

1. Entity Name

WEST FLORIDA REGIONAL FISH GROWERS COOPERATIVE,

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90118 010 ****61.25

Principal Place of Business

Mailing Address

4690 HIGHWAY 97
WALNUT HILL FL 32568

4690 HIGHWAY 97
WALNUT HILL FL 32568-2012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3527394

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JOHNSON, MARK L
4690 HIGHWAY 97
WALNUT HILL FL 32568

Name GERALD BOECKNER

Street Address (P.O. Box Number is Not Acceptable)
3801 ROCKAWAY ROAD CREEK Rd

City WALNUT HILL

FL

Zip Code 32568

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

MARK L JOHNSON

[Signature]

4-27-00

Signature, typed or printed name of registered agent and title 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	D <u>PRESIDENT</u>	<input type="checkbox"/> Delete
NAME	<u>SIMARD, THOMAS F</u>	
STREET ADDRESS	<u>6001 SOUTH HIGHWAY 99</u>	
CITY-ST-ZIP	<u>WALNUT HILL FL</u>	
TITLE	D <u>HIEBERT, MELVIN L</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>701 SOUTH HIGHWAY 99</u>	
STREET ADDRESS	<u>WALNUT HILL FL</u>	
CITY-ST-ZIP		
TITLE	D <u>VICE PRESIDENT</u>	<input type="checkbox"/> Delete
NAME	<u>KOEHN, MERLE W</u>	
STREET ADDRESS	<u>5660 KANSAS RD.</u>	
CITY-ST-ZIP	<u>WALNUT HILL FL</u>	
TITLE	D <u>JOHNSON, MARK L</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>4690 HIGHWAY 97</u>	
STREET ADDRESS	<u>WALNUT HILL FL</u>	
CITY-ST-ZIP		
TITLE	<u>SECRETARY/TREAS</u>	<input type="checkbox"/> Delete
NAME	<u>BOECKNER, GERALD CREEK Rd</u>	
STREET ADDRESS	<u>3801 ROCKAWAY ROAD</u>	
CITY-ST-ZIP	<u>WALNUT HILL FL 32568</u>	
TITLE		<input type="checkbox"/> Delete
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
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00 850 327 4501

Date

Daytime Phone #

CR2E037 (9/99)