**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jan 22, 2001 8:00 am Secretary of State DOCUMENT # N9800003473 WEST FLORIDA REGIONAL FISH GROWERS COOPERATIVE. 01-22-2001 90133 045 \*\*\*\*61.25 Principal Place of Business Mailing Address 4690 HIGHWAY 97 4690 HIGHWAY 97 WALNUT HILL FL 32568 WALNUT HILL FL 32568 JUUUUUUU 2. Principal Place of Business 3. Mailing Address 3801 Rock zwag Cr. Rd. Suite, Apt. #, etc. 3801 Rocksway Cr. Rd. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3527394 Uzlnut Hill Uzlnut Hil Not Applicable Country Country Zio \$8.75 Additional 5. Certificate of Status Desired USA U.S A ---32568 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BOECKNER, GERALD 3801 ROCKAWAY CREEK RD WALNUT HILL FL 32568 Zip Code City FL 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. 1-8-61 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE Delete Change : Addition Koehn, MerleW 5660 Kansas Rd NAME SIMARD, THOMAS F NAME STREET ADDRESS STREET ADDRESS 6001 SOUTH HIGHWAY 99 CITY-ST-ZIP City-St-ZIP WALNUT HILL FL DVP **Addition** TITLE ☐ Delete TITLE ☐ Change Eicher, Vic 4520 Eicher Rd. NAME KOEHN, MERLE W NAME STREET ADDRESS STREET ADDRESS 5660 KANSAS, RD. Walnut H:11, FL. 32568 CITY-ST-ZIP CITY-ST-ZIP WALNUT HILL FL TITLE ☐ Delete TITI F Change ☐ Addition **BOECHNER, GERALD** NAME NAME STREET ADDRESS STREET ADDRESS 3801 ROCKAWAY CREEK RD CITY-ST-ZIP CITY-ST-ZIP WALNUT HILL FL 32568 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

BULLOUIGE Pald Boeckner /-8-01