

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

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90171 020 \*\*\*\*61.25

**DOCUMENT # N98000003473**

1. Entity Name

**WEST FLORIDA REGIONAL FISH GROWERS COOPERATIVE,  
INC.**



Principal Place of Business

**3801 ROCKEWAY CR RD  
WALNUT HILL FL 32568**

Mailing Address

**3801 ROCKEWAY CR RD  
WALNUT HILL FL 32568**

2. Principal Place of Business

**9175 Hwy 97**

Suite, Apt. #, etc.

3. Mailing Address

**9175 Hwy 97**

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**Century, FL**

City & State

**Century, FL**

4. FEI Number **59-3527394**

Applied For

Not Applicable

Zip

**32535**

Country

**Escambia**

Zip

**32535**

Country

**Escambia**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BOECKNER, GERALD  
3801 ROCKAWAY CREEK RD  
WALNUT HILL FL 32568**

7. Name and Address of New Registered Agent

Name

**John Harold Eck**

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

**9175 Hwy 97**

City

**Century**

FL

Zip Code

**32535**

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

*John Harold Eck*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-1-03**

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	KOEHN, MERLE W	
STREET ADDRESS	5660 KANSAS RD	
CITY-ST-ZIP	WALNUT HILL FL	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	KOEHN, MERLE W	
STREET ADDRESS	5660 KANSAS RD	
CITY-ST-ZIP	WALNUT HILL FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BOECKNER, GERALD	
STREET ADDRESS	3801 ROCKAWAY CREEK RD	
CITY-ST-ZIP	WALNUT HILL FL 32568	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	EICHER, VIC	
STREET ADDRESS	4520 EICHER RD	
CITY-ST-ZIP	WALNUT HILL FL 32568	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George U. Carpenter	
STREET ADDRESS	1901 Wilma Rd.	
CITY-ST-ZIP	McDavid, FL 32568	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Harold Eck	
STREET ADDRESS	9175 Hwy 97	
CITY-ST-ZIP	Century, FL 32535	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	melvin Hicbert	
STREET ADDRESS	701 south Hwy 99	
CITY-ST-ZIP	Walnut Hill, FL 32568	
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		

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:

*John Harold Eck*

**4-1-03**

**850-327-6610**

CR2E037 (10/02)