2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jan 28, 2000 8:00 am
Secretary of State
01-28-2000 90074 012 ****61.25

1. Entity Name

ANCIENT CITY GAME FISH ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 2001 ST. AUGUSTINE FL 32085	P. O. BOX 2001 ST. AUGUSTINE FL 32085-2001

DO NOT WRITE IN THIS SPACE

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 59-3542839 ☐ 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
BLALOCK, JIM 18 BARCELONA AVE. ST. AUGUSTINE FL 32084	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OWEN, VICTOR 1275 S. WINTERHAWK DR. ST. AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OWEN, VICTOR 1275 S. WINTEHAWK DR ST. AUGUSTINE, FL 32086	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CUNNINGHAM, JOEL 3850 ENGLISH COLONY N. JACKSONVILLE FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CUNNINGHAM, JOEL 254 DARTMOUTH RD ST. AUGUSTINE, FL 32086	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GREINER, SCOTT 3410 RED CLOUD TRAIL ST. AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALTON, BERT 613 DELSPINE ST. AUGUSTINE, FL 32095	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CUNNINGHAM, CARMEL 3850 ENGLISH COLONY N. JACKSONVILLE FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CUNNINGHAM, CARMEL 254 DARTMOUTH RD ST. AUGUSTINE, FL 32086	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REMY, CECILIA 306 DARTMOUTH RD. ST. AUGUSTINE FL 32086	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CUMBIE, ALAN 4544 THIRD AVE ST. AUGUSTINE, FL 32095	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REMY, CECILIA 306 DARTMOUTH RD. ST. AUGUSTINE FL 32086	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PECORA, CARL 473 SEVILLA DR ST. AUGUSTINE, FL 32086	☐ Change ☒ Addition

CR2E037 (9/99)

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 REQUIRED Scott Greiner 01/24/00 904-797-5027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #