# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 30, 2002 8:00 am**
**Secretary of State**
01-30-2002 90154 028 ****61.25

DOCUMENT # N98000007163

1. Entity Name

ANCIENT CITY GAME FISH ASSOCIATION, INC.

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

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<br>18 BARCELONA AVE.<br>ST. AUGUSTINE FL 32084 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | D<br>OWEN, VICTOR<br>1275 S. WINTERHAWK DR.<br>ST. AUGUSTINE FL 32086 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>CUNNINGHAM, JOEL<br>254 DARTMOUTH RD<br>SAINT AUGUSTINE FL 32086 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>GREINER, SCOTT<br>3410 RED CLOUD TRAIL<br>ST. AUGUSTINE FL 32086 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>CUNNINGHAM, CARMEL<br>254 DARTMOUTH RD<br>SAINT AUGUSTINE FL 32086 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>CUMBIE, ALAN<br>4544 THIRD AVE<br>SAINT AUGUSTINE FL 32095 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PECORA, CARL<br>473 SEVILLA DR<br>SAINT AUGUSTINE FL 32086 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V / D | ☒ Change ☐ Addition |

CR2E037 (9/01)

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:** SCOTT GREINER SCOTT GREINER 01/14/02 904-797-5027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

N98000007163

812273

| *Name* | *Address* | | | *Title* |
|---|---|---|---|---|
| Ted Sergent | 298 Pizarro Road | St. Augustine | Fl 32080 | Director |
| Roger Crossman | 10 C Street | St. Augustine | Fl 32080 | Director |
| James Manucy | 6381 Pine Circle West | St. Augustine | Fl 32095 | President/Director |
| Ken Oliveira | 6753 Sabal Palm Drive | St. Augustine | Fl 32086 | Director |
| David Russell | 501 19th Street | St. Augustine | Fl 32084 | Director |
| Jim Scharfschwerdt | 205 SR 207 | St. Augustine | Fl 32095 | Director |
| Liana Chapman | 335 Segovia Road | St. Augustine | Fl 32086 | Secretary/Director |