

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000269

1. Entity Name

NORTH FLORIDA FLY FISHERS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90380 024 ****61.25

Principal Place of Business
3859 NW 32nd PL
525 SW 41ST STREET
GAINESVILLE FL 32607
32606

Mailing Address
P.O. Box 357044
525 SW 41ST STREET
GAINESVILLE FL 32607-2763
32635

2. Principal Place of Business
3859 NW 32nd PL
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 357044
Suite, Apt. #, etc.

City & State
GAINESVILLE, FL

City & State
GAINESVILLE, FL

Zip
32606

Country
ALACHUA

Zip
32635

Country
ALACHUA



DO NOT WRITE IN THIS SPACE.

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CRAIG, ROBERT M JR
525 SW 41ST STREET
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent
Name Dana Griffin, III, President
Street Address (P.O. Box Number is Not Acceptable)
3859 NW 32 Place
City Gainesville FL Zip Code 32606

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 *Robert M. Craig* *Dana Griffin, III* 2-15-00
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	D	<input checked="" type="checkbox"/> Delete	TITLE	President/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG, ROBERT M JR		NAME	Dana Griffin, III	
STREET ADDRESS	525 SW 41ST STREET		STREET ADDRESS	3859 NW 32 Place	
CITY-ST-ZIP	GAINESVILLE FL 32607		CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Vice-President/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, JOE		NAME	Nina Mattei	
STREET ADDRESS	1711 SW 17TH STREET		STREET ADDRESS	450 Paradise Lane	
CITY-ST-ZIP	OCALA FL 34474		CITY-ST-ZIP	Bronson, FL 32621	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, JAMES		NAME	John Anderson	
STREET ADDRESS	RR #1, BOX 284-7		STREET ADDRESS	503 NE 9th St.	
CITY-ST-ZIP	MICANOPY FL 32667		CITY-ST-ZIP	Gainesville, FL 32601	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, FAYE O		NAME		
STREET ADDRESS	1807 SW 36TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32608		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JELKS, HOWARD O		NAME		
STREET ADDRESS	430 SW 27TH STREET		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32607-3152		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINELLA, LISA		NAME		
STREET ADDRESS	430 SW 27TH STREET		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32607-3152		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: *Dana Griffin, III* (Dana Griffin, III) Feb. 15, 2000 352-392-6577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)