

2001 UNIFORM BUSINESS REPORT (23R)

DOCUMENT # N99000000269

1. Entity Name

NORTH FLORIDA FLY FISHERS, INC.

Principal Place of Business

3859 NW 32ND PL
GAINESVILLE FL 32606

Mailing Address

P O BOX 357044
GAINESVILLE FL 32635

2. Principal Place of Business

503 NE 9th St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32601

Country

USA

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN III, DANA PRES
3859 NW 32 PLACE
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name John Anderson

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

503 NE 9th St.

City Gainesville

FL

Zip Code

32601

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] PD

(NOTE: Registered Agent signature required when re-registering)

6-6-01

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

TITLE	PD	☒ Delete
NAME	GRIFFIN, III, DANA	
STREET ADDRESS	3859 NW 32 PL	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	VPD	☒ Delete
NAME	MATTEI, NINA	
STREET ADDRESS	450 PARADISE LANE	
CITY-ST-ZIP	BRONSON FL 32621	
TITLE	TD	☐ Delete
NAME	ANDERSON, JOHN	
STREET ADDRESS	503 NE 9TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	JOHN ANDERSON	
STREET ADDRESS	503 NE 9th St.	
CITY-ST-ZIP	Gainesville, FL. 32601	
TITLE	VPD	☒ Change ☐ Addition
NAME	TONY GUTIERREZ	
STREET ADDRESS	914 SW 8th Ave Apt. 6D	
CITY-ST-ZIP	Gainesville, FL. 32601	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary/D	☐ Change ☒ Addition
NAME	Charlie Johnson	
STREET ADDRESS	9924 SW 52nd Rd	
CITY-ST-ZIP	Gainesville, FL. 32608	
TITLE		☐ Change ☐ 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:

[Signature] PD

6-6-01

352-371-7904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone No.

CR2037 (10/00)