

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000000269

FILED
May 15, 2002 8:00 AM
Secretary of State

Entity Name: NORTH FLORIDA FLY FISHERS, INC.

Current Principal Place of Business:

503 N.E. 9TH STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

P O BOX 357044
GAINESVILLE, FL 32635

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, JOHN
503 N.E. 9TH STREET
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDERSON, JOHN
Address: 503 N.E. 9TH STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: VPD () Delete
Name: GUTIERREZ, TONY
Address: 914 S.W. 8TH AVENUE, APT. 60
City-St-Zip: GAINESVILLE, FL 32601

Title: SD () Delete
Name: JOHNSON, CHARLIE
Address: 9924 S.W. 52ND ROAD
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: NALLI, RICHARD
Address: 2213 SW 79TH DR.
City-St-Zip: GAINESVILLE, FL 32607

Title: TD (X) Change () Addition
Name: SLAPCINSKY, JODI
Address: 310 NE 14TH ST.
City-St-Zip: HIGH SPRINGS, FL 32643

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN H. ANDERSON

PD

05/15/2002

Electronic Signature of Signing Officer or Director

Date