

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90080 042 ****61.25

DOCUMENT # N9900000026007 ✓

1. Entity Name

ST. AUGUSTINE FLY FISHING CLUB, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 5600

3. Mailing Address

P.O. Box 5600

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Augustine FL

City & State

St. Augustine FL

32086

USA

32086

USA

4. FEI Number

59-3570885

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NINA M. LAFLEUR

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

121 W. FORSYTH ST. #600

City

JACKSONVILLE

FL

Zip Code

32202

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IN THIS SPACE

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

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PLEASE SEE
ATTACHED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-02 9043584000

CR2E037B (12/01)

Attachment
N99 000002607
755509

**St. Augustine Fly Fishing Club, Inc.
2002 Uniform Business Report**

Officers & Directors

| | | |
|---|---------------------------------|-----------------|
| Hank Pridgen 3375 B Old Moultrie Rd. St. Augustine, FL 32086 | President & Director | Addition |
|---|---------------------------------|-----------------|

| | | |
|---|--------------------------------------|---------------|
| James Richerson 53 King Street St. Augustine, FL 32084 | Vice President & Director | Change |
|---|--------------------------------------|---------------|

| | | |
|---|--|-----------------|
| Virgil Kummero P.O. Box 5600 St. Augustine, FL 32086 | Secretary, Treasurer & Director | Addition |
|---|--|-----------------|

| | | |
|--|-----------------|--|
| David Lambert 1320 First Street Neptune Beach, FL 32266 | Director | |
|--|-----------------|--|

| | | |
|--|-----------------|--|
| Fred Bauer 53 King Street St. Augustine, FL 32084 | Director | |
|--|-----------------|--|

| | | |
|---|-----------------|--|
| Sue Richerson 53 King Street St. Augustine, FL 32084 | Director | |
|---|-----------------|--|

| | | |
|---|-----------------|---------------|
| George Cross 403 Arricola Ave. St. Augustine, FL 32084 | Director | Change |
|---|-----------------|---------------|

| | | |
|---|--|---------------|
| Nina M. LaFleur 53 King Street St. Augustine, FL 32084 | | Delete |
|---|--|---------------|

| | | |
|---|--|---------------|
| Don Edwards 53 King Street St. Augustine, FL 32084 | | Delete |
|---|--|---------------|