

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # N99000005842****1. Entity Name**
CAMP FLORIDA FISH TALES, INC.

Principal Place of Business 3220 WILLIAMSBURG STREET SARASOTA FL 34231	Mailing Address 3220 WILLIAMSBURG STREET SARASOTA FL 34231
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2. Principal Place of Business
Suite, Apt. #, etc.**3. Mailing Address**
Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 65-0954222	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent EINWAG MUFFET ELIOT 3220 WILLIAMSBURG STREET SARASOTA FL 34231	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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** **04/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input type="checkbox"/> Delete NAME PYLE DONNA M STREET ADDRESS 5909 MURDOCK STREET CITY-ST-ZIP SARASOTA FL 34231		TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STEWART BRADLEY K STREET ADDRESS 6532 PEACOCK RD CITY-ST-ZIP SARASOTA FL 34242	
TITLE D <input type="checkbox"/> Delete NAME PENNEY LINDA E STREET ADDRESS 6913 TEMA LANE CITY-ST-ZIP SARASOTA FL 34231		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME EINWAG BRIAN STREET ADDRESS 3220 WILLIAMSBURG STREET CITY-ST-ZIP SARASOTA FL 34231		TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME BROWN JULIE E STREET ADDRESS 3801 MONICA PKWY CITY-ST-ZIP SARASOTA FL 34235	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:** LINDA PENNEY D 04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)