

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0084463 AV

DOCUMENT # P00000075189

1. Entity Name

ROD'N REEL ASSOCIATION, INC.

04-01-2002 90011 039 ***150.00

Principal Place of Business

Mailing Address

**10842 LAKE HARRIS CIR.
TAVARES FL 32778**

**10842 LAKE HARRIS CIR.
TAVARES FL 32778**



2. Principal Place of Business

3. Mailing Address

10915 LAKE HARRIS CIR.

Suite, Apt. #, etc.

TAVARES FL

FL 32778

DO NOT WRITE IN THIS SPACE

4. FET Number

59-2470818

Applied For

Not Applicable

Zip
32778

Country

LAKE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEVEN J. RICHEY, P.A.
1009 N. 14TH ST.
LEESBURG FL 34749-2460**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCHMIDT, KENNETH	4-1-02
STREET ADDRESS	10842 LAKE HARRIS CIR.	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	UMPRESS, JOHN	4-1-02
STREET ADDRESS	31932 ELIZABETH LANE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, ELWIN	4-1-02
STREET ADDRESS	10842 LAKE HARRIS CIR.	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID RATTRAY	4-1-02
STREET ADDRESS	10915 LAKE HARRIS CIR.	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MRS. JOHN UMPRESS	4-1-02
STREET ADDRESS	31932 ELIZABETH LANE	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MRS. KATHY RATTRAY	4-1-02
STREET ADDRESS	10915 LAKE HARRIS CIR.	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MRS. DEBBIE BOGGUS	4-1-02
STREET ADDRESS	32009 HARRIS RD	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ELWIN N. DAVIS 2-2-02 352-747-270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment

DOCUMENT # P00000075189

1. Entity Name

ROD'N REEL ASSOCIATION, INC.

754462

Principal Place of Business

10842 LAKE HARRIS CIR.
TAVARES FL 32778

Mailing Address

10842 LAKE HARRIS CIR.
TAVARES FL 32778

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10915 LAKE HARRIS CIR.
Suite, Apt. #, etc.
TAVARES FL

3. Mailing Address

Suite, Apt. #, etc.

FL, 32778

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4. FEE NUMBER

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Applied

Not App

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Name

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

City

FL

Zip Code

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

Signatures, typed or printed name of registered agent and title if applicable

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

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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STREET ADDRESS	10842 LAKE HARRIS CIR.	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE		<input type="checkbox"/> Delete
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NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	DAVID RATTRAY	4-1
STREET ADDRESS	10915 LAKE HARRIS CIR.	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	MRS. JOHN UMPRESS	4-1
STREET ADDRESS	31932 ELIZABETH LANE	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	MRS. KATHY RATTRAY	4-1
STREET ADDRESS	10915 LAKE HARRIS CIR.	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	MRS DEBBIE BOGGS	4-1
STREET ADDRESS	32009 HARRIS RD	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
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CITY-ST-ZIP		

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SIGNATURE:

Elwin N. Davis

ELWIN N. DAVIS

2-21-02
352-747-2707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Domestic Phone: 4