

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90084 013 \*\*\*150.00

**DOCUMENT # P00000075189**

1. Entity Name  
**ROD'N REEL ASSOCIATION, INC.**



Principal Place of Business  
~~10842 LAKE HARRIS CIR.~~ **32009 Harris Rd**  
TAVARES FL 32778

Mailing Address  
~~10842 LAKE HARRIS CIR.~~ **32009 Harris Rd**  
TAVARES FL 32778



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

☐ CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

4. FEI Number **59-2470818**  
Applied For  
Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RATTRAY, KATHY MRS</b>		NAME	<b>Wilson, Chris</b>	
STREET ADDRESS	<b>10915 LAKE HARRIS CIR</b>		STREET ADDRESS	<b>31925 Tracy Lane</b>	
CITY-ST-ZIP	<b>TAVARES FL 32778</b>		CITY-ST-ZIP	<b>Tavares, FL 32778</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RATTRAY, DAVID</b>		NAME	<b>Hunt, Norman</b>	
STREET ADDRESS	<b>10915 LAKE HARRISCIR</b>		STREET ADDRESS	<b>31923 Elizabeth Lane</b>	
CITY-ST-ZIP	<b>TAVARES FL 32778</b>		CITY-ST-ZIP	<b>Tavares, FL 32778</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VMPRESS, JOAN MRS</b>		NAME	<b>Umphress, John</b>	
STREET ADDRESS	<b>31932 ELIZABETH LANE</b>		STREET ADDRESS	<b>Umphress, John</b>	
CITY-ST-ZIP	<b>TAVARES FL 32778</b>		CITY-ST-ZIP	<b>Umphress, John</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOGGUS, WENDI MRS</b>		NAME	<b>Boggus, Wendi U</b>	
STREET ADDRESS	<b>32009 HARRIS RD</b>		STREET ADDRESS	<b>Boggus, Wendi U</b>	
CITY-ST-ZIP	<b>TAVARES FL 32778</b>		CITY-ST-ZIP	<b>Boggus, Wendi U</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>Comello, Carol</b>	
STREET ADDRESS			STREET ADDRESS	<b>10836 Lake Harris Cr</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Tavares, FL 32778</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>Vierling, Frank</b>	
STREET ADDRESS			STREET ADDRESS	<b>10840 Jackie Lane</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Tavares, FL 32778</b>	

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 607, 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 REQUIRED** **4/9/03** **352-742-0896**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)