

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90065 034 ***150.00

0514005 AV

DOCUMENT # P01000085726

1. Entity Name

BOCA GRANDE CLAM GROWERS ASSOCIATION, INC.

Principal Place of Business

**2730 AVENUE OF THE AMERICAS
 ENGLEWOOD FL**

Mailing Address

**2730 AVENUE OF THE AMERICAS
 ENGLEWOOD FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34224

USA

4. FEI Number

65-0788289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LATHAM, PETER G
 390 NORTH ORANGE AVENUE SUITE 600
 ORLANDO FL 32801**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
 NAME **DIXON, JAMES T**
 STREET ADDRESS **PO BOX 243**
 CITY-ST-ZIP **PLACIDA FL 33946**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Goff, Stephen B.**
 STREET ADDRESS **9126 Alfred Blvd**
 CITY-ST-ZIP **Punta Gorda FL 33982**

TITLE **VD** ☒ Delete
 NAME **FULFORD, LARRY T**
 STREET ADDRESS **8 PINEBREEZE LANE**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Vickers, Willie N.**
 STREET ADDRESS **11027 Greenway Ave.**
 CITY-ST-ZIP **Englewood, FL 34224**

TITLE **STD** ☐ Delete
 NAME **HILL, ROBERT L**
 STREET ADDRESS **15 RIVERFRONT DRIVE**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **VICKERS, WILLIE N**
 STREET ADDRESS **11027 GREENWAY AVENUE**
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **GOFF, STEPHEN B**
 STREET ADDRESS **9126 ALFRED BLVD**
 CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **WADE, TIMOTHY A**
 STREET ADDRESS **11968 BROOKSIDE AVENUE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE ☐ Change ☐ 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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIE N. VICKERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2002 (941)475-4859

Date

Daytime Phone #

CR2E034 (9/01)