## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 10, 2000 8:00 am Secretary of State DOCUMENT # **P94000077892** MAHOGANY SPORTS FISHING CLUB, INC. 05-10-2000 90115 035 \*\*\*150.00 Principal Place of Business Mailing Address 1060 NW 85TH STREET 1060 NW 85TH STREET MIAMI FL 33150-2534 MIAMI FL 33150 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt #, etc. Applied For 4. FEI Number City & State City & State 65-0534051 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name O'BRYANT, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1060 NW 85TH STREET **MIAMI FL 33150** Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE O'BRYANT, ROBERT NAME STREET ADDRESS STREET ADDRESS 1060 NW 85TH STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33150** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME MCCANTREY, SANDRA STREET ADDRESS STREET ADDRESS 2755 NW 61 ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition Delete TITLE TITLE HAYES, CLYDE NAME STREET ADDRESS STREET ADDRESS 12750 NW 27TH AVE AP. 20 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33054 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME BETHEL, RONALD L NAME STREET ADDRESS STREET ADDRESS 5891 NW 201 LN CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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.

FILED