

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020422

1. Entity Name

SOUTHERN FISH AND GAME, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90150 024 ***150.00

Principal Place of Business

141 ORCHID LANE
PORT ORANGE FL 32127

Mailing Address

141 ORCHID LANE
PORT ORANGE FL 32127

2. Principal Place of Business

182 Warren Ave
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 595
Suite, Apt. #, etc.

City & State

New Smyrna Bch FL 71

City & State

New Smyrna Bch FL 71

4. FEI Number

59-3437632

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIMES, WILLARD
141 ORCHID LANE
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name: Desiree Harbster

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

182 Warren Ave

City

New Smyrna Bch

FL

Zip Code

32170

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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

T
TITLE: WILLARD, GRIMES
NAME: 141 ORCHID LN
STREET ADDRESS: PT ORANGE FL 32127
CITY-ST-ZIP: ☒ Delete

P
TITLE: GRIMES, DESIREE
NAME: 141 ORCHID LN
STREET ADDRESS: PT ORANGE FL 32127
CITY-ST-ZIP: ☒ Delete

☐ Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

☐ Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

☐ Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

☐ Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T
TITLE: DESIREE Harbster
NAME: 182 Warren Ave P.O. Box 595
STREET ADDRESS: New Smyrna Bch, FL 32170
CITY-ST-ZIP: ☒ Change ☐ Addition

P
TITLE: DESIREE Harbster
NAME: 182 Warren Ave P.O. Box 595
STREET ADDRESS: New Smyrna Bch, FL 32170
CITY-ST-ZIP: ☒ Change ☐ Addition

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

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

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

☐ Change ☐ Addition
TITLE: 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

attachment
P97000020422
A007077

attachment
P970010020422

To whom it
May Concern

I did not
receive 1st
Notice

Note - add change

Thank you!



Desiree
Holster