

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027918

1. Entity Name

Nokomis Fishing Ventures, Inc.

Principal Place of Business

Mailing Address

3479 Technology Drive
Nokomis, Florida 34275

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0747953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Thomas Teffenhart
718 Lemon Bay Drive
Venice, Florida 34293

Name

Thomas Teffenhart

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

330 Island Circle

City

Siesta Key

FL

Zip Code

34242

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, 2000 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 | P | <input type="checkbox"/> Delete |
| NAME | Thomas Teffenhart | |
| STREET ADDRESS | 718 Lemon Bay Drive | |
| CITY-ST-ZIP | Venice, Florida 34293 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Thomas Teffenhart | |
| STREET ADDRESS | 330 Island Circle | |
| CITY-ST-ZIP | Siesta Key, Florida 34242 | |
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Drake Berner | |
| STREET ADDRESS | 116 Tina Island Drive | |
| CITY-ST-ZIP | Osprey, Florida 34229 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 800003501488 | |
| STREET ADDRESS | -12/14/00--01023--016 | |
| CITY-ST-ZIP | ****450.00 ****450.00 | |
| 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 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 #

APPROVED
AND
FILED

00 NOV 20 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (9/99)



GOAR, ENDRISS & WALKER, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

JAMES C. GOAR
JAMES W. ENDRISS
KATHLEEN R. WALKER

October 25, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Nokomis Fishing Ventures, Inc

Dear Division Representative:

Our firm was recently engaged by the above corporation to prepare their corporate tax return. In assisting them with their year-end accounting, we have become aware that the corporate annual reports were not filed.


The return is being filed late due to extenuating circumstances. The corporate officers had relied on their office manager to expedite all paperwork. Early this year it was discovered that this employee had embezzled from the corporation, altering corporate records and destroying corporate paper work.

We ask that you waive the fee for late filing. We believe the corporate officers never received their 1999 and 2000 Uniform Business Report. Enclosed please find the 2000 UBR.

Thank you for your assistance in this matter and for your careful consideration of the extenuating circumstances that led to the filing in this manner.

Very truly yours,

GOAR, ENDRISS & WALKER, P.A.


Kathleen R. Walker

KRW/mjc ---
Enclosure

cc: Thomas Teffenhart

1590 FIRST STREET • SARASOTA, FLORIDA 34236-8502 • PHONE 941-366-6380
FAX 941-954-5900