

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041356

1. Entity Name

CALOOSA CATCH & RELEASE, INC.

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90078 004 ***550.00

Principal Place of Business

7002 SCARBORO DR
FT MYERS FL 33919

Mailing Address

7002 SCARBORO DR
FT MYERS FL 33919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0754463

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RILEY, RONALD J
7002 SCARBORO DR
FT MYERS FL 33919

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPS
NAME MUTERS, ANDERS
STREET ADDRESS 1064 N TOWN & RIVER DR
CITY-ST-ZIP FT. MYERS FL 33919 ☐ Delete

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

TITLE D
NAME BURFORD, DOUGLAS W.
STREET ADDRESS 541 PECK AVENUE
CITY-ST-ZIP FT. MYERS FL 33919 ☒ Delete

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

TITLE SECRETARY
NAME SHARON STAMPER
STREET ADDRESS 1432 S.E. 30TH TERRACE
CITY-ST-ZIP CAPE CORAL, FL. 33904 ☐ Delete

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

TITLE VICE PRESIDENT
NAME AL FERNANDEZ
STREET ADDRESS 810 S.W. 44TH TER. #11
CITY-ST-ZIP CAPE CORAL, FL. 33914 ☐ Delete

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

TITLE TREASURER
NAME FRAN PODRAZA
STREET ADDRESS 3050 LIBERTY SQUARE
CITY-ST-ZIP FORT MYERS, FL. 33902 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 #

941-479-7916

J. RILEY *Riley* 6/30/00