

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 04, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000080901**1. Entity Name
BAHAMAS BILLFISH CHAMPIONSHIP, INC.**Principal Place of Business**

499 EAST SHERIDAN STREET #317

DANIA
33004

FL

Mailing Address

499 EAST SHERIDAN STREET #317

DANIA
33004

FL

2. Principal Place of Business

499 EAST SHERIDAN STREET #300

3. Mailing Address

499 EAST SHERIDAN STREET #300

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DANIA

FL

City & State

DANIA

FL

Zip
33004

Country

Zip
33004

Country

4. FEI Number**65-0782957**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****BEHRENDT AL**

499 EAST SHERIDAN STREET #317

DANIA
33004

FL

7. Name and Address of New Registered Agent**Name****BEHRENDT AL**

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

499 EAST SHERIDAN STREET #300

City
DANIA

FL

Zip Code
33004

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)

01/04/2001

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, 2001 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**

TITLE	STD	<input type="checkbox"/> Delete
NAME	DUDAS JENNIFER	
STREET ADDRESS	499 EAST SHERIDAN STREET #317	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FLETCHER BRENDA	
STREET ADDRESS	499 EAST SHERIDAN STREET #317	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BEHRENDT AL	
STREET ADDRESS	499 EAST SHERIDAN STREET #317	
CITY-ST-ZIP	DANIA FL 33004	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDAS JENNIFER	
STREET ADDRESS	499 EAST SHERIDAN STREET #300	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER BRENDA	
STREET ADDRESS	499 EAST SHERIDAN STREET #300	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHRENDT AL	
STREET ADDRESS	499 EAST SHERIDAN STREET #300	
CITY-ST-ZIP	DANIA FL 33004	
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		
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: Jennifer Dudas

STD

01/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)