

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90144 022 ***158.75

DOCUMENT #

1. Corporation Name

UW Fishing of Manatee, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/29/98

4. FEI Number

65-0836537

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1701 14th St. W.

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 109

Suite, Apt. #, etc.

City & State

23 Bradenton, FL

Zip

24 34205

Country

25 USA

City & State

28 Bradenton, FL

Zip

29 34206

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Gerard F. Koontz
1701 14th St. W.
Bradenton, FL 34205

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Gerard F. Koontz* **GERARD F. KOONTZ EXECUTIVE DIRECTOR 3-8-99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Michael Marquez
STREET ADDRESS		1.3 STREET ADDRESS	206 2nd St. E.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Bradenton, FL 34208
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Jeffrey Podobnik
STREET ADDRESS		2.3 STREET ADDRESS	1701 27th St. E.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Bradenton, FL 34208
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Sarah H. Pappas
STREET ADDRESS		3.3 STREET ADDRESS	5807 26th St. W.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Bradenton, FL 34207
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	C. Timothy Vining
STREET ADDRESS		4.3 STREET ADDRESS	3301 Whitfield Ave.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Sarasota, FL 34243
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Treasurer

3-11-99

Date

Jane Reader
941-788-1313

Daytime Phone #

CR2E034 (11/98)