

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

1/1

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90108 048 \*\*\*\*61.25

**DOCUMENT # N02000004726**



1. Entity Name  
**SOUTH FLORIDA ANGLERS FOR EVERGLADES RESTORATION, INC.**

Principal Place of Business  
**3720 N. 57TH AVENUE  
HOLLYWOOD FL 33021**

Mailing Address  
**3720 N. 57TH AVENUE  
HOLLYWOOD FL 33021**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**02-0624135**

Applied For

Not Applicable

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

**ARNOLD, BRAND  
3720 N. 57TH AVENUE  
HOLLYWOOD FL 33021**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Brand Arnold*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/14/2003*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME **P OVIES, AL**  Delete  
STREET ADDRESS **1100 S.W. 2ND AVENUE #4**  
CITY-ST-ZIP **MIAMI FL 33130**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME **V PERSSON, RICK**  Delete  
STREET ADDRESS **10901 S.W. 108 AVENUE**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME **S ARNOLD, BRAND**  Delete  
STREET ADDRESS **3720 N. 57TH AVENUE**  
CITY-ST-ZIP **HOLLYWOOD FL 33201**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME **T WARNER, STEVE**  Delete  
STREET ADDRESS **11217 N.W. 12TH COURT**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brand Arnold*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/14/2003*

Date

*1-800-984-9492  
#7603*

Daytime Phone #

CR2E037 (10/02)