

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

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90187 046 \*\*\*\*61.25

DOCUMENT # N 94000003935

1. Entity Name  
MIAMI Beach Rod. Reel Club, Inc

**DO NOT WRITE IN THIS SPACE**

44047455

2. Principal Place of Business  
208 S Hibiscus Dr  
Suite, Apt. #, etc.

3. Mailing Address  
208 S Hibiscus Dr  
Suite, Apt. #, etc.  
Hibiscus Island

DO NOT WRITE IN THIS SPACE

City & State  
Miami Beach

City & State  
Miami Beach FL

Zip  
33139 USA

Zip  
33139 USA

4. FEI Number  
59-0358540

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SUZAN BAKER

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

Hibiscus Island

City Miami Beach FL Zip Code 33139

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  SUZAN BAKER 7/1/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$81.25**  
**Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			
TITLE	<u>DP</u>	TITLE	
NAME	<u>THOMAS DEANE</u>	NAME	
STREET ADDRESS	<u>4251 Balzard St Pt 6</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Coral Gables FL 33146</u>	CITY-ST-ZIP	
TITLE	<u>DRE.</u>	TITLE	
NAME	<u>DON CRISSEY</u>	NAME	
STREET ADDRESS	<u>26005 S.W. 74 Ct</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Miami FL 33157</u>	CITY-ST-ZIP	
TITLE	<u>D VP</u>	TITLE	
NAME	<u>RICHARD PAGLIARULO</u>	NAME	
STREET ADDRESS	<u>7820 S.W. 170 St</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Miami 33157</u>	CITY-ST-ZIP	
TITLE	<u>D</u>	TITLE	
NAME	<u>Geoffrey Pearson</u>	NAME	
STREET ADDRESS	<u>1700 NW N. RIVER Dr</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Miami 33125</u>	CITY-ST-ZIP	
TITLE	<u>ED</u>	TITLE	
NAME	<u>SUZAN BAKER</u>	NAME	
STREET ADDRESS	<u>P.O. Box 189</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>ISLAMORADA FL 33036</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE:  SUZAN BAKER 7/1/04 305-531-1233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)