

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

0071747

**DOCUMENT # N95000002576**

02-26-2002 90126 047 \*\*\*\*61.25

1. Entity Name

**MATECUMBE ANGLERS, INC.**

Principal Place of Business

Mailing Address

**52 W PLAZA DEL LAGO  
 ISLAMORADA FL 33036  
 US**

**52 W PLAZA DEL LAGO  
 ISLAMORADA FL 33036  
 US**



DO NOT WRITE IN THIS SPACE



**Paul W. Kaub  
 129 Buena Vista Ct.  
 Islamorada, FL 33036**



**Paul W. Kaub  
 129 Buena Vista Ct.  
 Islamorada, FL 33036**

City & State

City & State

4. FEI Number

**65-0597692**

Applied For

Not Applicable

Zip

Country

**USA**

Zip

Country

**USA**

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

~~WINSTEL, JAMES  
 52 W PLAZA DEL LAGO  
 ISLAMORADA FL 33036~~

Name



**Paul W. Kaub  
 129 Buena Vista Ct.  
 Islamorada, FL 33036**

Street

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

*Paul W. Kaub* **TREASURER**

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

**Paul W. Kaub  
 129 Buena Vista Ct.  
 Islamorada, FL 33036**

(nt signature required when reinstating)

DATE

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **WINSTEL, JAMES**  
 STREET ADDRESS **52 W PLAZA DEL LAGO**  
 CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME ~~**WINSTER, JAMES**~~  
 STREET ADDRESS **91 W PLAZA DEL SOL**  
 CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE  Change  Addition  
 NAME **DAVID WYNESS**  
 STREET ADDRESS **91 W PLAZA DEL SOL**  
 CITY-ST-ZIP **ISLAMORADA, FL 33036**

TITLE **SD**  Delete  
 NAME **WAWARNA, PETE**  
 STREET ADDRESS **109 COSTA BRAVO DRIVE**  
 CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **PAUL KAUB**  
 STREET ADDRESS **129 BUENA VISTA CT**  
 CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 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 empowers.

**SIGNATURE:**

*Paul W. Kaub*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

**Paul W. Kaub  
 129 Buena Vista Ct.  
 Islamorada, FL 33036**

*02/07/02*

*305-664-9486*

Date

Daytime Phone #

CR2E037 (9/01)