FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90148 039 ****70.00

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

DOCUMENT # N97000003089

1. Entity Name
LAKE COUNTY FLY FISHERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5142 Magnolia Ridge Rd.
Suite, Apt. #, etc.
City & State: Fruitland Park FL
Zip: 34731 Country: LAKE

3. Mailing Address
5142 Magnolia Ridge Rd.
Suite, Apt. #, etc.
City & State: Fruitland Park, FL
Zip: 34731 Country: LAKE

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3489585 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: KENT, BARRY L.
Street Address (P.O. Box Number is Not Acceptable)
5142 Magnolia Ridge Rd.
City: Fruitland Park FL Zip Code: 34731

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: BARRY L. KENT (Registered Agent of Record) 4-26-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP |
|---|---|
| D<br>KENT, BARRY L.<br>5142 Magnolia Ridge Rd.<br>Fruitland Park FL 34731 | |
| D<br>JACOBS, CHARLIE<br>05202 Sydney Rd.<br>Fruitland Park FL 34731 | |
| D<br>RAPISARDI, ED<br>35103 Riverside Ct.<br>Leesburg, FL 34788 | DO NOT WRITE IN THIS SPACE |
| D<br>DOUGLAS M. DOMBEK<br>543 CARRERA DR.<br>LADY LAKE FL 32159 | |
| | |
| | |

CR2E037B (12/01)

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.

Reg. Mail # 7000 1670 0007 1870 4222

SIGNATURE: DOUGLAS M. DOMBEK Douglas M. Dombek 4-26-02 352-259-1029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #