

2002 UNIFORM BUSINESS REPORT (UBR)

0006211

DOCUMENT # N98000002648

1. Entity Name

**THE FLORIDA FOUNDATION FOR RESPONSIBLE ANGLING,
INCORPORATED**

Principal Place of Business

Mailing Address

2590 EXECUTIVE CENTER CIRCLE E., STE 204
TALLAHASSEE FL 32301

2590 EXECUTIVE CENTER CIRCLE E., STE 204
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3544654

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

**KRAMER, ROBERT E
2590 EXECUTIVE CENTER CIRCLE E., STE 204
TALLAHASSEE FL 32301**

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.

SIGNATURE

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

(NOTE: Registered Agent 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	D	<input type="checkbox"/> Delete
NAME	KRAMER, ROBERT	
STREET ADDRESS	2590 EXECUTIVE CENTER CIRCLE E., STE 204	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	PUTNAM, TOM	
STREET ADDRESS	2206 THOMAS DR.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEEBLES, DIANE	
STREET ADDRESS	P.O. BOX 12855	
CITY-ST-ZIP	ST. PETERSBURG FL 33733	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLS, SCOTT	
STREET ADDRESS	250 SOUTH AUSTRALIAN AVENUE., STE 1102	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIERMAN, MARSHA	
STREET ADDRESS	601 NORTHWEST 110 AVE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEARSON, KAYE	
STREET ADDRESS	1115 N.E. 9TH AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800005024088	
STREET ADDRESS	-02/27/02--01059--023	
CITY-ST-ZIP	*****61.25 *****61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

ROBERT E. KRAMER

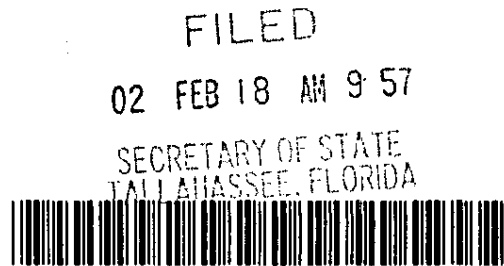
2/11/02

(850) 488-6058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)