

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90239 036 ****61.25

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**

10012053



2. Principal Place of Business 3. Mailing Address
I.G.F.A. **I.G.F.A.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
300 GULF STREAM WAY **300 GULF STREAM WAY**
City & State City & State
DANIA BEACH, FL **DANIA BEACH, FL**

CHECK HERE IF MAKING CHANGES

Zip Country Zip Country
33004 U.S. **33004 U.S.**

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

7. Name and Address of New Registered Agent
Name **KRAMER, ROBERT E.**
Street Address (P.O. Box Number is Not Acceptable) **I.G.F.A.**
300 GULF STREAM WAY
City **DANIA BEACH** **FL** Zip Code **33004**

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 (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 Florida Department of State

10. OFFICERS AND DIRECTORS	
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	
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**

1.23.03 924.4223 (954)

CR2E037 (10/02)