

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 12, 2001 8:00 am
Secretary of State

02-15-2001 90106 008 ****61.25

DOCUMENT # 719152

1. Entity Name

THE EVERGLADES CONSERVATION AND SPORTSMAN CLUB

Principal Place of Business

Mailing Address

PO BOX 524005
 MIAMI FL 33152

PO BOX 524005
 MIAMI FL 33152



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1735665

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RACKEAR, GARY S ESQ
2534 SW 6 ST
MIAMI FL 33135

Name
GARY S. RACKEAR, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)
5975 Sunset Drive

Suite 604

City
South Miami

FL

Zip Code

33143

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

02/02/01

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	<input checked="" type="checkbox"/> Delete
NAME	BROWN, MICHAEL	
STREET ADDRESS	30032 OAK RD	
CITY-ST-ZIP	PUNTA GORDA FL 33892	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WORTHINGTON, JAMES R	
STREET ADDRESS	2801 SW 104 CT	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MC FADDEN, BURGESS L	
STREET ADDRESS	2801 SW 104 CT	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCLEOD, JAMES JR	
STREET ADDRESS	19440 SW 307 ST	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SKOGLUND, DONALD JR	
STREET ADDRESS	10201 SW 49 CT	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLEMING, DONALD	
STREET ADDRESS	18320 SW 224 ST	
CITY-ST-ZIP	GOULDS FL 33170	

TITLE	P. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINCEY VERNON	
STREET ADDRESS	11350 SW 127 ST.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARINELLI BRAD	
STREET ADDRESS	35 BOWEN FISH LAKE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	T. D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC FADDEN BURGESS	
STREET ADDRESS	2801 SW 104 CT.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	S. D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOVIS KATHY	
STREET ADDRESS	9845 SW 194 ST	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	B. D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMBY AL	
STREET ADDRESS	8501 SW 16 ST.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	B. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSE CHARLES	
STREET ADDRESS	9340 SW 62 ST.	
CITY-ST-ZIP	MIAMI FL 33173	

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:

BURGESS L. MC FADDEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01

(305) 533-4412

Date

Daytime Phone #

CR2E037 (10/00)