

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

Non-For-Profit

DOCUMENT # 719152

1. Entity Name
THE EVERGLADES CONSERVATION AND SPORTSMAN CLUB



Principal Place of Business

SRD PO BOX 72-A
72A LOOP ROAD
OCHOPEE FL 34141

Mailing Address

PO BOX 524005
MIAMI FL 33152

03 DEC 16 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Non Profit
FILED
11/24/03 01:05:01 236.25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1735665

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

REINSTATEMENT

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Robin P Harris
Street Address (P.O. Box Number is Not Acceptable)
1741 N. Goldeneye Lane
City Homestead FL 33035

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: Robin P Harris

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

(NOTE: Registered Agent signature required when reinstating.)

12/15/03

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	MINCEY, VERNON	11350 SW 127 ST.	MIAMI FL 33176	<input checked="" type="checkbox"/>
VPD	MOSHANKO, S. PAUL	2237 SW 68TH TERR	MIRAMAR FL 33023	<input checked="" type="checkbox"/>
T	BROWNING, KAREN A	306 SW 5TH AVE	FLORIDA CITY FL 33034	<input checked="" type="checkbox"/>
S	MOSHANKO, PAUL J	10500 SW 108 AVE, B-403	MIAMI FL 33176	<input checked="" type="checkbox"/>
CD	HAMBY, AL	8501 SW 16 ST.	MIAMI FL 33155	<input checked="" type="checkbox"/>
BD	YOUSE, CHARLES	9340 SW 62 ST.	MIAMI FL 33173	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Paul Barrow	1499 S.W. 17 ST	Homestead, FL 33030	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	Al Hamby	8501 SW 16 St.	Miami, FL 33155	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Robin Harris	1741 N. Goldeneye Ln.	Homestead, FL 33035	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BD	Sean Hauser	3803 19 ST. S.W.	Lehigh, FL 33971	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BD	Tim Reiland	4836 E. 8 Lane	Hialeah, FL 33013	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	John Stacy	536 N.W. 112 St.	Homestead, FL 33030	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 on Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robin P Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/17/03 305-505-5537

CPRENT 12/03