

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90052 038 \*\*\*\*61.25

**DOCUMENT # 739211**

1. Entity Name

**FLORIDA KEYS FISHING GUIDES ASSOCIATION INC.**

Principal Place of Business

Mailing Address

P.O. BOX 936  
 ISLAMORADA FL 33036

P.O. BOX 936  
 ISLAMORADA FL 33036-0936

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

**NOT APPLICABLE**

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

**HAGOOD, RICHARD A.**  
**309 PALM AVE.**  
**ISLAMORADA FL 33036**

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 **S**  Delete  
 NAME **COLLINS, MICHAEL**  
 STREET ADDRESS **PO BOX 803**  
 CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE **PRESIDENT**  Change  Addition  
 NAME **MIKE EHLERS**  
 STREET ADDRESS **PO BOX 1167**  
 CITY-ST-ZIP **ISLAMORADA, FL 33036**

TITLE **D**  Delete  
 NAME **DEL TORO, MARIO**  
 STREET ADDRESS **P.O. BOX 551**  
 CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **HAGOOD, DICK**  
 STREET ADDRESS **309 PALM AVE**  
 CITY-ST-ZIP **ISLAMORADA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **VIEH, BARRY**  
 STREET ADDRESS **130 PIPPIN**  
 CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **ELLIS, GARY**  
 STREET ADDRESS **PO BOX 273**  
 CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: \_\_\_\_\_

**Barney A. WARE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/00

Date

305  
 852-8351

Daytime Phone #

CR2E037 (9/99)