

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State

07-05-2001 90002 042 ****61.25

0034286

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

TITLE **CD** Delete
 NAME COLLINS, MICHAEL
 STREET ADDRESS PO BOX 803
 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 **P** Delete
 NAME EHLERS, MIKE
 STREET ADDRESS P.O. BOX 1167
 CITY-ST-ZIP ISLAMORADA FL 33036

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

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

TITLE **RD** Delete
 NAME ~~ALBUQUERQUE~~ RUSTY
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME BREWER, CRAIG
 STREET ADDRESS PO BOX 1163
 CITY-ST-ZIP Islamorada, FL 33036

TITLE Change Addition
 NAME BURKE, TAD
 STREET ADDRESS 139 INDIANO MND TRAIL
 CITY-ST-ZIP Islamorada, FL 33036

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME TD ALBUQUERQUE, RUSTY
 STREET ADDRESS 113 MATELUMBE AVE
 CITY-ST-ZIP Islamorada, FL 33036

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: *[Signature]* **REQUIRED**

6/29/01

(305) 664-5142

CR2E037 (10/00)