

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90205 013 ****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

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	D	<input type="checkbox"/> Delete
NAME	COLLINS, MICHAEL	
STREET ADDRESS	PO BOX 803	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEL TORO, MARIO	
STREET ADDRESS	P.O. BOX 551	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	P	<input type="checkbox"/> Delete
NAME	EHLERS, MIKE	
STREET ADDRESS	P.O. BOX 1167	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VIH, BARRY	
STREET ADDRESS	130 PIPPIN	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELLIS, GARY	
STREET ADDRESS	PO BOX 273	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALGURY, RUSTY	
STREET ADDRESS	113 MATECUMBE AVE	
CITY-ST-ZIP	ISLAMORADA FL 33036	

TITLE	VICE-COMMODORE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREWER, CRAIG	
STREET ADDRESS	153 S. HAMMOCK	
CITY-ST-ZIP	ISLAMORADA, FL 33036	
TITLE	PRESIDENT COMMODORE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURKE, TAD	
STREET ADDRESS	139 INDIAN MOUND TRAIL	
CITY-ST-ZIP	TAVERNIER, FL 33036	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHLERS, MIKE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, MARK	
STREET ADDRESS	PO BOX 836	
CITY-ST-ZIP	TAVERNIER, FL 33070	
TITLE	2ND VICE COMMODORE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, GARY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBURY, RUSTY	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 (305) 664-5142

Date

Daytime Phone #

CR2E037 (9/01)