


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

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90067 040 \*\*\*\*61.25

**DOCUMENT # 739211**

1. Entity Name  
**FLORIDA KEYS FISHING GUIDES ASSOCIATION INC.**



Principal Place of Business  
P.O. BOX 936  
ISLAMORADA FL 33036

Mailing Address  
P.O. BOX 936  
ISLAMORADA FL 33036



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COLLINS, MICHAEL</b>	
STREET ADDRESS	<b>PO BOX 803</b>	
CITY-ST-ZIP	<b>ISLAMORADA FL 33036</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BREWER, CRAIG</b>	
STREET ADDRESS	<b>153 S. HAMMOCK</b>	
CITY-ST-ZIP	<b>ISLAMORADA FL 33036</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>EHLERS, MIKE</b>	
STREET ADDRESS	<b>P.O. BOX 1167</b>	
CITY-ST-ZIP	<b>ISLAMORADA FL 33036</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BURKE, TAD</b>	
STREET ADDRESS	<b>139 INDIAN MOUND TRAIL</b>	
CITY-ST-ZIP	<b>ISLAMORADA FL 33036</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ELLIS, GARY</b>	
STREET ADDRESS	<b>PO BOX 273</b>	
CITY-ST-ZIP	<b>ISLAMORADA FL 33036</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>ALGURY, RUSTY</b>	
STREET ADDRESS	<b>113 MATECUMBE AVE</b>	
CITY-ST-ZIP	<b>ISLAMORADA FL 33036</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>commodore</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALBURY, RUSTY</b>	
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]* **REQUIRED** *4/24/03 (305) 664-514*

CR2E037 (10/02)