2002 UNIFORM BUSINESS REPORT (UBR) FILED May 06, 2002 8:00 am Secretary of State **DOCUMENT # 770965** 1. Entity Name ISLAMORADA CHARTERBOAT ASSOCIATION, INC. 05-06-2002 90264 025 ****61.25 Principal Place of Business Mailing Address 114 TWEETY PIE TERR P.O. BOX 462 TAUERNIER FL 33070 ISLAMORADA FL 33036 2. Principal Place of Business 3. Mailing Address 72 SiCoco Nut Palm Blve Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE €ity & State City & State 4. FEI Number Applied For 59-2344436 *l*avernier Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name . Street Address (P.O. Box Number is Not Acceptable) DEUEL. CURTIS F. 40 HIGHPOINT ROAD, G-105, BOX 12 **TAVERNIER FL 33070** City Zip Code 8. The above names entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATUR and title if applicable 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD (9/01)TITLE Delete TITLE Leopold, Steve MAGURSKY, JOHN NAME NAME 114 TWEETY PIE TERRACE STREET ADDRESS STREET ADDRESS Palm CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 Tavernier FL Delete X Change TITLE ☐ Addition Leopold, steve Pope, Greg NAME 272 S COCONUT PALM BLVD STREET ADDRESS STREET ADDRESS Islamorada CITY-ST-ZIP TAVERNIER FL CITY-ST-ZIP SD TITLE Delete TITLE Change Addition KELLY, BILL NAME NAME Scoble, Charlie STREET ADDRESS **129 TEQUESTA ST** STREET ADDRESS Islamorada, FL 33036 CITY-ST-ZIP PLANTATION KEY FL 33070 CITY-ST-ZIP Delete TITLE Change Addition GARDNER, CHRISTOPHER ng: Westey NAME. STREET ADDRESS 237 OCEAN DRIVE STREET ADDRESS CITY-ST-ZIP TAVERNIER FL 33070 CITY-ST-ZIP Tavesnies, FL 33070 ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 attact ment with an address, with all other like empowered.

CITY-ST-7IP

CITY-ST-7IP