

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

N25452

1. Entity Name

Boca Grande Fishing Guides Association, Inc.

Principal Place of Business

Bayou & 1st Street

P.O. Box 676

Boca Grande, FL 33921

Mailing Address

Bayou & 1st Street

P.O. Box 676

Boca Grande, FL 33921

2. Principal Place of Business

411 Park Avenue

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1245

Suite, Apt. #, etc.

City & State

Boca Grande, FL

City & State

Boca Grande, FL

Zip

33921

Country

Zip

33921

Country

4. FEI Number

65-0031804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Balsinger, Clark

3150 Ewing Drive

Venice, FL 34292

7. Name and Address of New Registered Agent

Name

Kelley, Kevin

Street Address (P.O. Box Number is Not Acceptable)

2215 Stout St.

City

Englewood

FL

Zip Code

34223

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

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 P ☐ Delete

NAME Joiner, Cappy

STREET ADDRESS 4660 Arlington Dr.

CITY-ST-ZIP Placida, FL 33946

TITLE VP ☐ Delete

NAME Futch, Steve

STREET ADDRESS 15800 Hennipen Cr.

CITY-ST-ZIP Port Charlotte, FL 33981

TITLE D ☐ Delete

NAME Vis, Brian

STREET ADDRESS 1675 Keyway Rd.

CITY-ST-ZIP Englewood, FL 34223

TITLE D ☐ Delete

NAME Stewart, Doug.

STREET ADDRESS Gasparilla St. - PO BOX 1604

CITY-ST-ZIP Boca Grande, FL 33921

TITLE D ☐ Delete

NAME Ahlers, Steve

STREET ADDRESS Railroad Ave. - PO BOX 395

CITY-ST-ZIP Boca Grande, FL 33921

TITLE S,T ☐ Delete

NAME Kelley, Kevin

STREET ADDRESS 2215 Stout Street

CITY-ST-ZIP Englewood, FL 34223

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
May 05, 2000 8:00 am  
Secretary of State

05-05-2000 90090 018 \*\*\*\*61.25

001400

DO NOT WRITE IN THIS SPACE