

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25452

1. Entity Name

BOCA GRANDE FISHING GUIDES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

411 PARK AVE.
BOCA GRANDE FL 33921

PO BOX 1245
BOCA GRANDE FL 33921

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

65-0031804

Applied For

Not Applicable

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

KELLEY, KEVIN
2215 STOUT ST.
ENGLEWOOD FL 34223

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	VP	<input type="checkbox"/> Delete
NAME	JOINER, CAPPY	
STREET ADDRESS	4660 ARLINGTON DR.	
CITY-ST-ZIP	PLACIDA FL 33946	
TITLE	P	<input type="checkbox"/> Delete
NAME	FUTCH, STEVE	
STREET ADDRESS	15800 HENNIPEN CR	
CITY-ST-ZIP	PT CHARLOTTE FL 33981	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIAN, VIS	
STREET ADDRESS	1675 KEYWAY RD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, FRED	
STREET ADDRESS	LEE STREET	
CITY-ST-ZIP	BOCA GRANDE FL 33921	
TITLE	D	<input type="checkbox"/> Delete
NAME	AHLERS, STEVE	
STREET ADDRESS	210 SPAINARD RD	
CITY-ST-ZIP	CAPE HAZE FL 33946	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KELLEY, G. KEVIN	
STREET ADDRESS	2215 STOUT ST	
CITY-ST-ZIP	ENGLEWOOD FL 34223	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERIC KNIGHT	
STREET ADDRESS	LEE STREET	
CITY-ST-ZIP	BOCA GRANDE FL 33921	
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		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-02

Date

964-1770

Daytime Phone #

CR2E037 (9/01)

0003818