

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34909

1. Entity Name

THE INTERNATIONAL GAME FISH ASSOCIATION ENDOWMENT, INC.

Principal Place of Business

300 GULFSTREAM WAY
DANIA FL 33004
US

Mailing Address

300 GULFSTREAM WAY
DANIA FL 33004
US

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

65-0175847

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

COLBURN, HARRY S., JR.
125 WORTH AVE
STE 202
PALM BCH FL 33480

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 PD
NAME LEECH, MICHAEL ☐ Delete
STREET ADDRESS 2118 N.E. 14 COURT
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME ANDERSON, JOHN W., II
STREET ADDRESS 239 TANGIERS AVE
CITY-ST-ZIP PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME MATTHEWS, GEORGE G.
STREET ADDRESS 334 N WOOD RD
CITY-ST-ZIP PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME NAFTZGER, ROY E.
STREET ADDRESS 805 HILLCREST RD
CITY-ST-ZIP BEVERLY HILLS CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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]
MICHAEL LEECH

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90106 036 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)