

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N47070**

1. Entity Name

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90007 008 ****70.00

Principal Place of Business Mailing Address
EVERGLADES BASS ANGLERS INC.
1940 N.W. 32 ST
OAKLAND PK, FL 33309

2. Principal Place of Business

3. Mailing Address

SAME

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

OAKLAND PK FL OAKLAND PK FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

33309

BRON.

33309

BRON.

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

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 **B. J. Cummins, Esquire**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-30-00

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	President	<input type="checkbox"/> Delete
NAME	Jerry Nydam	
STREET ADDRESS	2371 N.E. 6th Avenue	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	496 N.W. 47th Court	
STREET ADDRESS	Fort Lauderdale, FL 33309	
CITY-ST-ZIP	John Nydam	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Bob McDaniel	
STREET ADDRESS	7441 S.W. 42nd Court	
CITY-ST-ZIP	Davie, FL 33314	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Jay Ziegler	
STREET ADDRESS	1940 N.W. 32nd Street	
CITY-ST-ZIP	Oakland Park, FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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: **Jay Ziegler**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-30-00 NY 485 88 25

CR2E037 (9/99)